

# NAVAL POSTGRADUATE SCHOOL MONTEREY, CALIFORNIA



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**THE IMPACT OF THE ELIMINATION OF  
"FACILITY NOT AVAILABLE" (FNA) WAIVERS**

by

Kimberly A. Ransom

March, 1996

Thesis Advisor:

Richard B. Doyle

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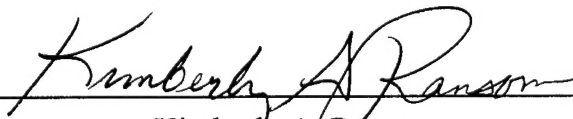
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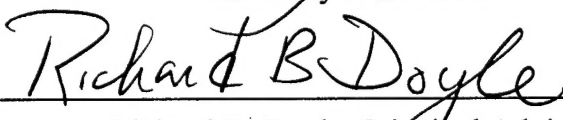
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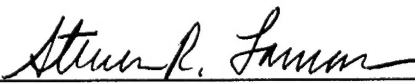
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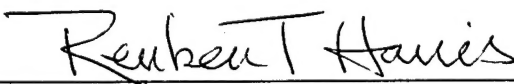
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## **ABSTRACT**

This thesis examines the impact of the elimination of "Facility Not Available" (FNA) waivers. Naval Reserve facilities could previously waive, as "FNA," any portion of the periodic physical examination not locally available. The Navy eliminated the authority to use FNA waivers in February 1994. The objective of this thesis was to identify the impact of FNA waiver elimination on periodic physical examination cost, effectiveness and delivery methods. It begins by describing the periodic physical examination and the Naval Reserve physical examination delivery system. Three methodologies were used to do this: interviews of key personnel, a literature review, and analysis of retrospective data from the Naval and Marine Corps Physical Evaluation Board (PEB) and the Commander of the Naval Reserve Force (CNRF). Then the impacts of FNA waiver elimination were examined using a survey which resulted in the review of 81,699 medical records and periodic physical examination delivery and cost data from 199 Naval Reserve facilities (98 percent of the Naval Reserve). This thesis found that FNA waiver elimination was an extremely successful change in health care policy for the Naval Reserve. Periodic physical examination costs were increased and the methods used to deliver examinations were changed. However, these impacts are justified because of the dramatic increase in periodic physical examination effectiveness achieved due to FNA waiver elimination.



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## **I. THE ELIMINATION OF "FACILITY NOT AVAILABLE" (FNA) WAIVERS**

This thesis examines the impact of the elimination of "Facility Not Available" (FNA) waivers on periodic physical examinations and the Naval Reserve physical examination delivery system. Until 1994, the Naval Manual of the Medical Department [Ref. 1] allowed portions of the Naval Reserve periodic physical examination to be waived if the activity conducting the physical did not have the local facilities to perform that portion of the exam. To waive the exam, the activity would enter "FNA," meaning "Facilities Not Available," on the physical examination in the block for the portion of the exam not available. For instance, if a reserve center did not have an electrocardiograph (EKG) machine, to waive the exam they would enter "FNA" in the EKG block of the physical exam.

The elimination of FNA waivers represented a significant change in health care policy for the Naval Reserve. It substantially changed the physical examination operations of Naval Reserve Medical Departments, increased the scope of periodic physical examinations for Naval reservists, and increased health care costs for the Naval Reserve.

This chapter begins by exploring the background of FNA waiver elimination. The history, impetus, and objectives behind FNA waiver elimination are explained. Additionally, this chapter describes the organization of this thesis and the methodologies it uses to assess the impact of the elimination of FNA waivers.

### **A. BACKGROUND**

After Operation Desert Storm (ODS) the General Accounting Office (GAO) conducted a study to assess the physical and medical fitness of the reserve forces. [Ref. 2] The study was initiated because many reserve personnel were not fit for mobilization or could not carry out their duties when mobilized during ODS. Only 333 Naval Reserve personnel out of 20,000 recalled were not medically fit for mobilization. The General Accounting Office (GAO) attributed the high numbers of personnel found unfit for ODS

mobilization to other armed services. The study found that the existing policies did not ensure physical or medical fitness of the reserve forces and recommended that physical exam and physical fitness policies of the Department of Defense (DoD) be standardized and tightened to preclude the retention of unfit reservists.

The widespread use of FNA waivers on Naval Reserve periodic physical examinations created a perceived problem for the Naval Reserve in that they could not be certain that their personnel were within medical standards [Ref. 3], since portions of the exams were being waived. They frequently used FNA waivers on their physical examinations because their examinations were being conducted at Reserve facilities remote to armed forces Military Treatment Facilities (MTFs). As DoD sought to standardize physical examination policies, the Naval Reserve Force concurrently sought to strengthen their own physical exam system. The Naval Reserve Force did this by requesting that Naval Bureau of Medicine and Surgery (BUMED) eliminate the authority to use FNA waivers. In February of 1994 BUMED changed the Manual of the Medical Department (MANMED) to require that all physical examinations for the Naval Reserve be complete. The option of waiving portions of the exam because medical facilities were not available was eliminated.

At the time of FNA waiver elimination, a concurrent goal existed within the Naval Reserve Medical Department. This goal was to stop delivering physical examinations at Naval Reserve facilities and to instead get them done at DoD medical facilities. When FNA waivers were authorized many reserve facilities performed physical examinations in their facilities and waived any part of the exam they could not do. This often occurred even when local DoD medical facilities were available to conduct the exams. The elimination of FNA waivers was thought to support the goal to get physicals out of the reserve facilities, because facilities would now have to use local DoD medical facilities to get the examinations accomplished.

The elimination of FNA waivers was also perceived as a way to obtain prioritization for medical funding. In the Planning, Programming and Budgeting System (PPBS) used by DoD, funding is requested for budget items. PPBS requires prioritization



of goods and services to be acquired with limited defense resources. The items with the greatest priority receive the necessary funding and are called "funded requirements." The items having the least priority are not funded and are called "unfunded requirements." As long as the authority to waive examination components existed, the funding to provide these components was treated as an "unfunded requirement" because they could be waived. [Ref. 3] The elimination of FNA waivers made the funding for all physical examination components a priority and resulted in their being funded in the PPBS. [Ref. 4] The elimination of FNA waivers was a strategic action taken to obtain this funding. [Ref. 3]

Reserve installations are not medical facilities and many of them cannot perform complete physicals. The loss of the FNA option meant that they now had to purchase or make other arrangements to obtain the components of the exams not available to them. Since the PPBS is a two year budgeting process, the Naval Reserve implemented this change in policy without additional funding. Requested funding increases were not available until the Fiscal Year 1996 (FY96) budget. [Ref. 4]

## **B. THESIS ORGANIZATION AND METHODOLOGY**

The goal of this thesis is to assess the impact of the elimination of FNA waivers on the Naval Reserve physical examination system and periodic physical examinations. This thesis examines this impact by measuring three areas: how waiver elimination changed the method of physical examination delivery used by the Naval Reserve, the impact waiver elimination had on the effectiveness of periodic physical examinations, and estimated cost of waiver elimination.

Chapters II through IV in this thesis examine the Naval Reserve Medical Department and periodic physical examinations. These chapters are necessary in order to understand and measure the impact of FNA waiver elimination. A combination of methodologies is used to examine these topics, including interviews of key personnel, literature review, and the analysis of retrospective data from the Naval and Marine Corps

Physical Evaluation Board (PEB) and from the Commander of the Naval Reserve Force (CNRF).

The remaining chapters of this thesis measure the impact of FNA waiver elimination. These chapters indicate how FNA waiver elimination changed physical examination delivery methods, the impact that waiver elimination had on the effectiveness of periodic physical examinations, and estimates the incremental cost incurred to provide the exams that were previously waived. A survey entitled, "The 1995 Naval Reserve Physical Examination Survey," Appendix A, was the primary methodology used to measure these impacts. The authority to conduct this survey was granted by the Director of the Naval Reserve Force, who ordered Naval Reserve facilities to collect and submit the data requested by the survey. The survey resulted in the review of 81,699 medical records (98 percent of the Naval Reserve Force) from 198 Naval Reserve facilities. These facilities collected data on periodic physical examinations, FNA waivers, periodic physical examination delivery (before and after FNA waiver elimination) and physical examination cost data. An outline of the survey's design and a flow chart description of it is contained in Appendix B entitled, "Physical Examination Survey Model Description."

Since completion of physical examination requirements is considered to be a key medical "health" readiness indicator for Naval Reserve Personnel, this thesis also provides a partial analysis of the medical readiness of the Naval Reserve Force. Because the survey used in this thesis afforded an excellent opportunity for the Naval Reserve to concurrently assess the medical readiness of its force, the survey's scope was increased to include an analysis of two primary medical readiness indicators: physical examination and immunization completion. These topics will be discussed to the extent that they were addressed by the survey. However, the topic of "immunization completion" is in no way related to the elimination of FNA waivers.

## **C. SUMMARY OF CHAPTER I**

This chapter introduced the topic of FNA waivers and examined the history, impetus, and objectives behind their elimination. The primary reason that FNA waivers were eliminated was to allow the Naval Reserve to ensure that its members were within medical standards. The Naval Reserve could not ensure this when FNA waivers existed because portions of the examination were being waived and complete examinations were not being performed.

The goal of this thesis is to assess the impact of the elimination of FNA waivers. It begins by examining the Naval Reserve Medical Department and periodic physical examinations to facilitate the assessment of the impact of FNA waiver elimination. Three methodologies were used to study the Naval Reserve Medical Department and periodic physical examinations. These methodologies were interviews of key personnel, a literature review, and analysis of data from the PEB and from CNRF. This thesis then estimates the impact of FNA waiver elimination. This impact is assessed by estimating the incremental cost of waiver elimination and the resulting changes in physical examination delivery methods and periodic physical examination effectiveness. These impacts were measured by the use of a survey that collected data from 199 Naval Reserve facilities.



## **II. THE NAVAL RESERVE PHYSICAL EXAMINATION SYSTEM**

This chapter will provide a basic understanding of the Navy Reserve physical examination, the physical examination policy development chain and its environment, and physical examination delivery in the Naval Reserve. This understanding will provide the framework necessary to assess the impact and effectiveness of FNA waiver elimination.

### **A. THE NAVAL RESERVE PHYSICAL EXAMINATION**

The medical fitness of the Naval Reserve Force is assessed and assured by the use of a comprehensive physical examination system. The Navy Manual of the Medical Department (MANMED), Chapter 15 contains the service level detailed instructions governing Naval Reserve Physical Examinations. This section describes the physical examinations used by the Naval Reserve, their purpose and design, and how medical defects found during examination are evaluated and processed.

#### **1. Purpose**

The purpose of the physical examination is to identify physical defects and psychological problems which would compromise a member's ability to perform duties normally assigned. [Ref. 1] There are three major classes of physical examinations and one interim medical screening used by the Naval Reserves to assess health status. The class-specific purposes and description of the three major classes and the interim medical screening are noted below.

##### ***a. The Accession Physical***

The accession physical is the military's pre-employment physical. The accession physical is intended to preclude acceptance of those individuals who present

contagious or infectious hazards to other personnel, who would be unable to perform assigned tasks, or whose conditions would be aggravated by Naval Service. [Ref. 1] The examination also serves to reduce liability and disability claims against the government by acting as a barrier to entry into Naval Service of applicants with pre-existent medical conditions. A board appointed by the Assistant Secretary of Defense for Health Affairs is responsible for setting accession standards and reviewing them quadrennially. DoD instruction 6130.3 details accession physical standards for all DoD components that must be met on accession physical examinations. [Ref. 5] MANMED, Chapter 15 is the primary instruction that sets accession physical examination policy for the Department of the Navy.

***b. The Periodic Physical***

The periodic physical is intended to monitor the health of Naval personnel after their accession. They are required every five years for members until the age of 50, every two years for members between 50 and 60 years old, and annually for members over 60 years old. The periodic physical assesses a member's ability to meet retention standards. Retention standards are not as comprehensive as accession standards. They are the criteria used to identify personnel who have medical conditions that are expected to prevent them from performing the job required by their occupational specialty within the Navy or its anticipated mobilization assignments. [Ref. 1] Personnel can meet retention standards but still have medical conditions that would have barred them from accession, providing that they are still capable of worldwide mobilization. Prior to February of 1994, Naval Reserve facilities could waive any part of a reserve periodic physical examination that was not locally available. This is the only major type of physical examination for which FNA waivers were allowed. MANMED, Chapter 15 is the primary instruction governing Naval periodic physical examinations.

*c. The Special Purpose Physical*

The special purpose physical ensures that personnel entering into or participating in special occupational groups meet the medical criteria, laws and regulations required for that group. Examples of special groups are: aviation/flight, diving, and ionizing radiation exposure. For example, aviators must pass Federal Aviation Administration (FAA) physical regulations, and ionizing radiation workers' physical exams must meet Occupational Safety and Health Administration (OSHA) regulations.

*d. The Annual Certificate of Physical Condition*

The Annual Certificate of Physical Condition (NAVMED 6120/3) [Appendix C] is an interim medical screening required annually on each reservist. It is a brief medical history questionnaire in which the reservist is asked to report on their medical history since their last physical examination. It is intended to screen reservists for medical conditions arising since their last physical exam which would interfere with their performance of duties or preclude mobilization. [Ref. 1] Reservists are not permitted to mobilize for their two weeks of annual training (AT) with any medical condition that is not within retention standards or who is designated "temporarily not physically qualified" (TNPQ). The interim screening is designed to identify personnel who fall into these categories. Any medical conditions discovered on the screening must be evaluated and the member found fit before the reservist is permitted their annual training.

**2. Design**

Each of the three major classes of physical examination consists of two parts: a report of medical history, and a report of medical examination. These parts are designed as follows:

**a.     *Report of Medical History***

The Report of Medical History (form SF 93) [Appendix D] consists of the following three parts:

- *The patient identifying information section* asks for patient identifying information items such as: name, rank, and social security number.
- *The medical history questionnaire section* requires the patient to complete a “yes or no” check list of personal medical history questions, fill out several short answer medical history questions, and sign and date the form.
- *The physician review section* requires the physician’s signature and the physician’s elaboration on any positive responses in the medical history questionnaire section completed by the patient.

**b.     *Report of Medical Examination***

The Report of Medical Examination (form SF88) [Appendix E] consists of the following four major sections:

- *The identifying information and demographics section* asks for patient identification information like name, rank, and social security number, and for demographic data such as race, education, purpose of examination, and occupational group.
- *The physician’s and dental officer’s physical examination section* consists of a check list of body systems that must be examined and checked off by the doctor, a space for his elaboration on positive findings, and a dental examination section.
- *The medical testing section* is where medical testing results such as laboratory and X-ray testing, electrocardiogram (EKG), height, weight, vision and hearing testing are recorded.



- *The physician's review and signature section contains:*
  1. A space where the physician lists all medical defects identified in the SF88 and whether these defects are considered disqualifying (fail standards), and his orders for follow up or additional testing ordered to assess these findings.
  2. The physician's and dental officer's signature blocks.
  3. A space in which fitness for the purpose of the examination is stated.
  4. A block for review by a higher authority if required for special purpose exams.

The SF88, Report of Medical Examination has been revised as illustrated in Appendix F. Since the research design in this paper was developed using the old form illustrated in Appendix E, the new form will not be referred to again in this paper. No substantial changes appear to have been made in the new version except for changes in page formatting and in the numbering of items. This new numbering could cause confusion in this thesis, since the old numbering was incorporated into the thesis's research design.

### **3. The Evaluation and Processing of Medical Defects**

When medical defects are found during examinations they must be classified. The defect can be classified as either "considered disqualifying" (CD) or "not considered disqualifying" (NCD) for the purpose of the examination.

Some defects discovered during examination may require further evaluation before they can be classified. The government will provide the evaluation necessary to classify the medical defects found on periodic and special purpose examinations for active duty members and reservists. The government does not provide further evaluation of medical defects found in accession physicals for applicants. The applicant must obtain a sufficient evaluation on their own to categorize the defect, and the defect must be shown to be NCD before their entry into the services will be reconsidered.

Sometimes medical defects found during an examination can be successfully treated so that the member becomes fit for the purpose of their examination. For active duty members the government provides this treatment. Active duty members can be

placed in a medical hold status until their problem is resolved. For reservists and accession applicants the government does not provide any medical treatment to resolve defects found during examinations (unless the reservist was in an active duty status when the medical defect developed). The responsibility to obtain treatment for medical defects for reservists and accession applicants resides with the member.

A Naval Reservist can be placed in a TNPQ status for minor or temporary conditions that would not preclude the member from attending drill. [Ref. 6] To be placed TNPQ the member must be expected to have a recovery period of greater than one month and less than six months. Members may not be mobilized while in a TNPQ status.

When a member is found to have a defect that is classified as CD, the examining physician makes a recommendation about the member's fitness for the purpose of the examination. The member is then counseled about the defect and the physician's recommendation. The medical examination is submitted to the Naval Bureau of Medicine and Surgery (BUMED) Physical Qualifications Branch for recommendation for fitness for duty. The examination is next forwarded to the Naval Bureau of Personnel (BUPERS) who renders the determination for fitness. On periodic examinations, if a Naval Reservist is found unfit by BUMED, they may elect to separate from the service, retire if eligible, or they can request a review of their case by the Department of Defense "Physical Evaluation Board" (PEB). [Ref. 6] If the reservist disagrees with the determination rendered by the PEB board, they can appeal in writing to the board. Unless the PEB board changes its decision, the member will be processed for separation following the PEB board's recommendations for disability.

## **B. THE PHYSICAL EXAMINATION POLICY DEVELOPMENT ENVIRONMENT**

The Naval Reserve organizational structure has more echelons involved in the development of health care policy than the active duty Navy. There is also more direct involvement by non-medical personnel (the line) in health care policy decision making.

This section will explain the medical organizational structure of the Naval Reserve, its policy makers and chain of command, and then it will explain how physical examination policies are formulated in this environment.

## **1. The Naval Reserve Medical Organizational Structure**

The organizational relationships of the Naval Reserve Medical Department are illustrated in Figure 2.1, Reserve Medical Organizational Relationships. [Ref. 7] The Department of Defense (DoD) establishes major health care policies and regulations for all of its components. The Chief of Naval Operations (CNO) has health care policy decision making authority for the Navy. This authority is normally delegated to the Chief of the Bureau of Medicine and Surgery (BUMED) who is the principal maker of health care policy for the Navy. BUMED acts as a technical expert for the CNO, and the active duty and reserve command and control components. BUMED sets regulations to interpret and expand upon DoD medical directives for the Navy and creates medical instructions to govern Naval specific medical functions and issues. However, it is important to remember that BUMED is a technical expert who has authority only when granted by the CNO.

On the active duty side of the Navy, the Fleet Commander in Chiefs (CINCs) and responsible line Commanders do not usually become involved in health care policy formulation. This is perhaps because most of the health care for the active duty Navy is delivered at Military Treatment Facilities (MTFs) which are staffed with senior health care technical experts. Therefore the active duty line typically lets their MTF Commanders develop and implement local health care policies.

On the reserve side of the Navy there is more involvement by echelon II and III in health care policy decision making. Three reasons for this can be identified. First, in the reserve community senior health care technical experts are staffed at these echelons, but not at the field level (echelons IV and V). Therefore echelons II and III are more concerned with the oversight and control of medical functions than the active duty echelons II and III are in the active duty Navy. Second, an important contrast between

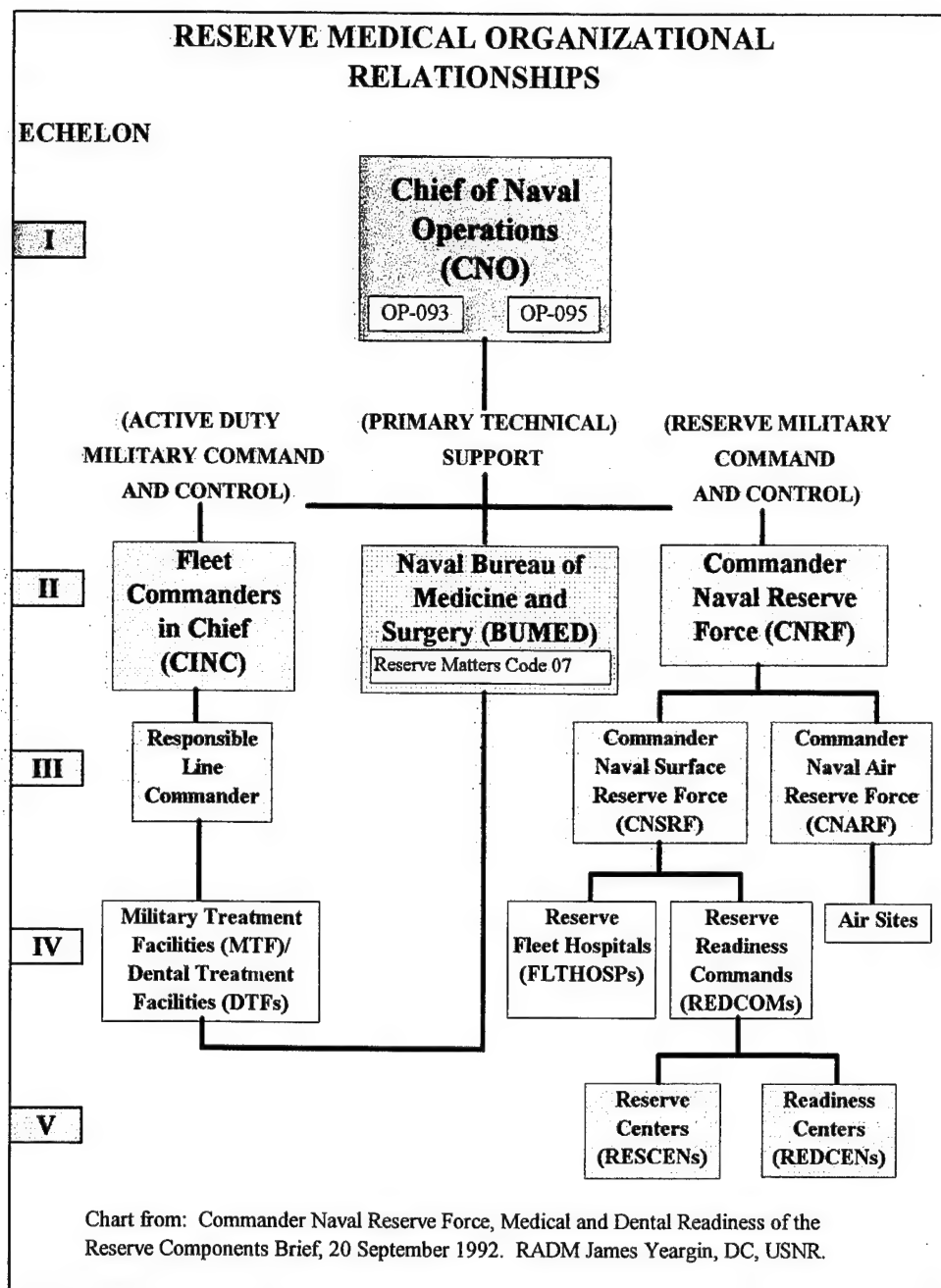


Figure 2.1: Reserve Medical Organizational Relationships. From Ref. [7].

organizational structures is that MTFs are medical facilities commanded by medical personnel, whereas the Reserve Force command echelons are not medical commands and are commanded by line officers. Third, in the Naval Surface Reserve Force, health care policy implementation and delivery at the field level is the responsibility of the

Commanding Officer of these reserve activities (who are line officers). No full time staff medical officers are assigned to Readiness Commands (REDCOMs), Reserve Centers (RESCENs), or Readiness Commands (REDCENs).

## **2. The Formulation of Physical Examination Policy**

Physical examination policies and regulations originate from several different levels within the DOD medical organization structure. The directive, instruction, or regulation originating from the highest level in the organizational structure always take precedence over those originated by lower levels. Thus, physical examination policies adhere to the chain of command inherent in the medical organizational structure.

Accession physical examination policies are promulgated in DOD Directive 6130.3, "Physical Standards for Enlistment, Appointment, and Induction." [Ref. 5] This directive establishes basic physical standards and assigns responsibility for accession physicals. The physical standards are defined in a 47-page enclosure to the directive that lists the medical conditions for different body systems (such as "Ears and Hearing") that would disqualify an accession applicant. The directive does not specify how the Armed Services should conduct physical examination procedures to ensure the directive is met. The Naval Manual of the Medical Department (MANMED), Chapter 15 further sets policy for physical examination responsibilities, standards, and procedures for the Navy. Additional accession physical examination policies can be set by lower levels in the organizational structure for procedures not specified by DoD or BUMED regulations.

Although DoD does not have any directives setting policy for periodic physical examinations at this time, they are under development. DoD intends to implement retention physical standards soon. [Ref. 8, 9] These standards will not be used as a pass/fail criterion for retention. Members will only be found unfit by these criteria if their medical condition precludes the performance of their specific job in the service. These standards are reported to be similar to the physical standards contained in DoD Directive 1332.18, "Separation from the Military Service by Reason of Physical Disability."

[Ref. 9, 10] DoD's goal is to standardize the retention policies of the armed services by regulating their retention physical standards.

Currently, BUMED sets retention policies for defects discovered on periodic physical examinations for the Navy. The current standard is to consider disqualifying any defect that would preclude the normal functioning of a member in their job field or their fitness for mobilization. The decision as to what this category of defects constitutes relies on the judgement of the examining physician and BUMED. Some specific policy guidance in this area has been promulgated by lower authority for the reserve community, for instance class three dental problems can be considered CD if not corrected. FNA physical examination policy was originally set and then later eliminated by BUMED.

Special purpose physical examination policies originate from numerous sources. Some of the primary policy makers are: The Occupational Safety and Health Administration (OSHA), the Federal Aviation Administration (FAA), the Naval Aerospace and Operational Medical Institute (NAMI), DoD, and BUMED. There are also many other policy makers involved in the special purpose physical policy formulation process depending on the purpose of the exam.

Figure 2.2, Physical Examination Policy Development and Environment, illustrates how physical examination policy is passed down from DoD to the Naval Reserve and the external forces that influence these policy decisions. Current events, external regulating agencies, laws, and the actions of special interest groups and lobbies all influence physical examination policy decision making.

Recent events have generated legislative interest in DoD physical examination policies. The Army experienced mobilization difficulties during Operation Desert Storm (ODS) because they had retained on active duty personnel who had medical classifications to restrict their mobilization. In the current environment of a down-sizing DoD, the General Accounting Office (GAO) recently recommended that DoD undertake policies to preclude the retention of personnel who cannot be mobilized worldwide. [Ref. 2] The GAO also found that physical exam procedures for separation after ODS made it difficult for the VA to classify veterans for follow-up care. [Ref. 11]

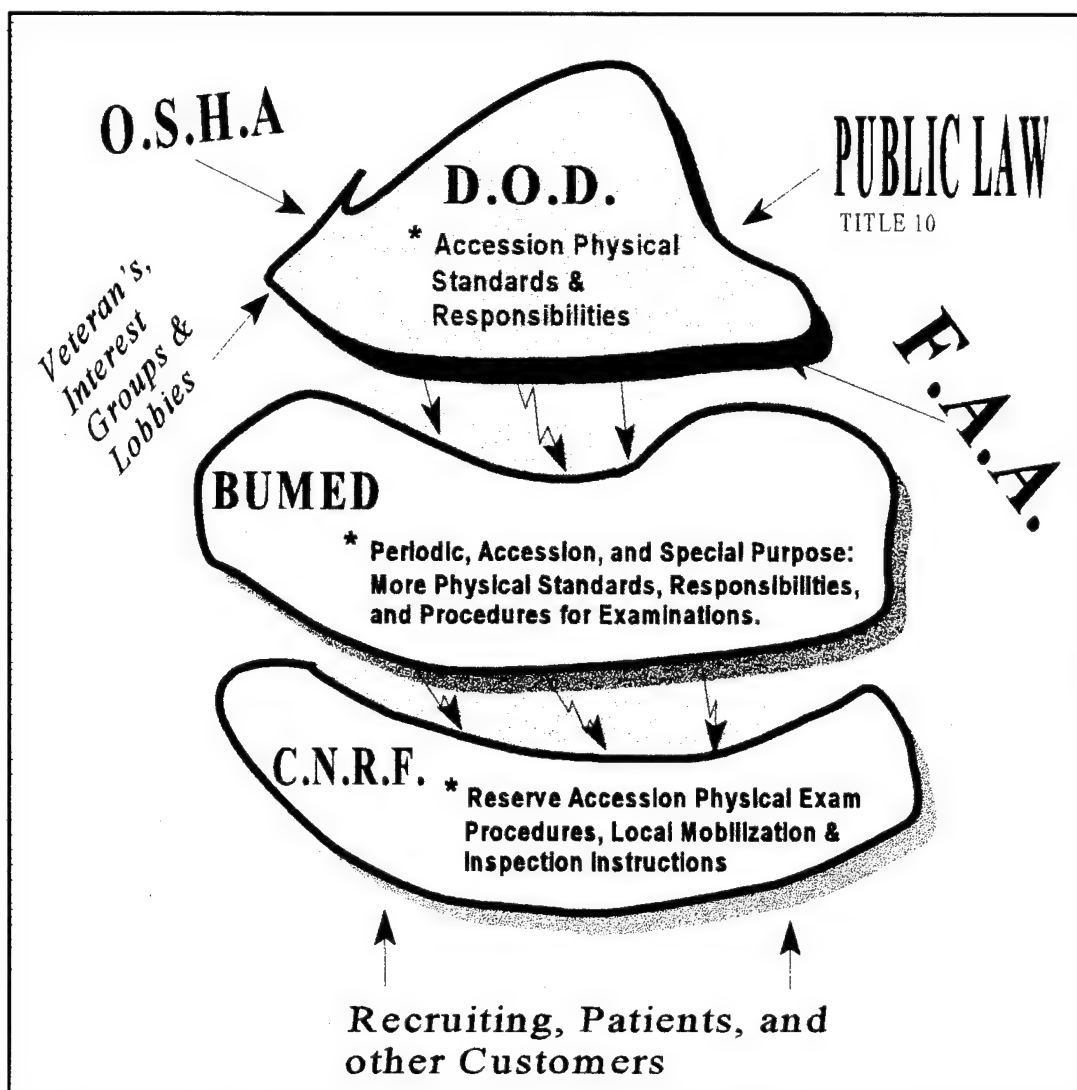


Figure 2.2: Physical Examination Policy Development and Environment

Because of these GAO reports, the powerful lobbying power of veterans, and the current public interest in controlling health care costs, the legislative branch of government has been showing increased interest in physical examination health care policy. The legislature can influence health care policy for the services by writing policy into law. Title 10, of U.S. Code contains the legislation governing health care policy for DoD. Currently, a bill is in Congress to mandate that periodic physical examinations on Army reservists be performed every two years past age 40. [Ref. 9] This bill came about as a

result of veteran's lobbying for increased benefits. Veteran's groups have also been lobbying for increased dental benefits.

Another event that may shape future physical examination policy for the services is the DoD Accessions Workgroup that has been established by DoD to study and make recommendations for accession physical examination policies. It is not anticipated that any changes to accession physical examination policies will occur soon as the result of this workgroup, but it is working to gather epidemiological data from the services to study and approach this goal. [Ref. 8]

An important characteristic of physical examination policy making in DoD is that it the further up the chain of command a policy is to be made or changed, the longer it takes for policy to emerge. It is harder to make or change policy at the upper levels of the chain of command. This is because the needs of more groups must be considered. Also there has been a growing sentiment in the American public that all citizens have a right to serve their country as military members. This sentiment is making the establishment of accession physical exam policies difficult for DoD. It requires DoD to prove that they should be excluded by substantial data or evidence. The only successful change to DoD accession policy since 1986 was the action initiated by General Schwarzkopf to preclude the accession of applicants with asthma into the services because of difficulties experienced with asthmatics during ODS. [Ref. 8]

### **C. PHYSICAL EXAMINATION DELIVERY IN THE NAVAL RESERVE**

The management and delivery of physical examinations in the Naval Reserve is more complicated than for most active duty facilities. To carry out the mission and meet the manning needs of the Naval Reserve, reserve facilities are necessarily located all over the United States. Often these are remote locations, hundreds of miles from MTFs. Some of these facilities are even remote to civilian medical care. Because physical examinations are required for all of the personnel assigned to these facilities, reserve physical examinations are performed all over the United States.



Naval Reservists are attached to reserve units. All reservists assigned to drilling units require physical exams. Two primary types of reserve units will be discussed in this paper; Selected Reserve (SELRES) units and Voluntary Training Units (VTUs). The SELRES units contain the billets needed to meet the current manning requirements of the Naval Reserve. A billet identifies a paid "job" in the Navy. Due to force reductions, many reservists cannot find paid jobs in the reserve, but they can elect to remain in the reserves and drill in a non-pay status in a VTU. As of 30 December 1995, the on-board strength for the Naval Reserve was 78,807 SELRES and 5,347 VTU reserves. [Ref. 12]

Every reserve unit falls under a reserve facility, such as a RESCEN, REDCEN or Naval Air Reserve (NAR) facility, or a reserve headquarters activity. These reserve facilities have oversight responsibility for the personnel administration requirements for their assigned units. These responsibilities include ensuring that their physical examination standards have been met.

The ultimate responsibility for ensuring that physical examination standards have been met for their unit personnel rests with the reserve facility's commanding officer. A medical department representative (MDR) is assigned to each reserve facility to coordinate medical functions and serve as a subject matter expert to the commanding officer. Sometimes reserve facilities also have an assigned medical reserve unit which may assist with command medical functions. These personnel coordinate the identification of personnel who require examinations and ensure physical exam accomplishment.

Since REDCENs and RESCENs are not medical clinics, they do not necessarily have medical testing facilities, skilled medical personnel, access to the professional credentials of medical providers, or medical quality assurance oversight. [Ref. 3, 13, 14, 15, 16, 17, 18, 19] The MDR must coordinate the execution of the physical examination through the means locally available. This may include using the facilities of the reserve center as well as MTFs, Public Health Departments, VA Facilities, Naval Aviation Reserve units (NARs), and contracted civilian services. Very often a combination of these services is used to obtain a complete physical exam. For instance, the MDR may have the patient complete the medical history, perform vision and hearing testing at the reserve

center, get the VA to perform the EKG, contract with a civilian lab for laboratory testing (but draw the blood at the reserve center himself), have a reserve physician assigned to one of the reserve center's medical units perform the medical examination, and get a local Army medical unit to do the dental exam. The composite used to perform the physical exam depends on the medical resources locally available. [Ref. 3, 4, 13, 14, 18, 20]

The intent of FNA waivers was to reduce the cost and administrative burden of medical testing for periodic physicals that was not locally available to remote facilities. The medical history and physician's portion of the exam could not be waived. The portion of the examination that was not locally available could be stamped "FNA" in lieu of obtaining the examination. The facilities were supposed to attempt to obtain FNA waived tests as soon as the reservists' duties placed them within the local area of a MTF. However, if any attempt at all was made later to get the test, it was usually only the MDR telling the reservist to try to get the test on annual training (AT).

This policy did not work. It was seldom possible to schedule the required tests on annual training because it took longer than the two weeks of annual training to get a medical appointment for routine testing at MTFs. [Ref. 3] In 1992, a Medical Readiness Task Force was established to identify the key medical readiness issues for the Naval Reserve. [Ref. 7] At the ten reserve facilities they surveyed, this task force found that 75 percent of the reserve physical examinations contained FNAs.

It is also important to note that two other physical examination policies were changed concurrently with the elimination of FNA waivers. The periodicity of the periodic physical was extended from four to five years, and the requirement for an annual dental examination for the reserves was eliminated and replaced with a requirement for a class two dental examination to be performed during the five-year periodic physical.

The time in which to accomplish Naval Reserve physical examinations is restricted. [Ref. 3, 14, 15, 16, 18, 19, 20] Reservists must accomplish their physical examination requirements during their authorized weekend drills. These may be rescheduled to a weekday to accomplish the examination, but this is often not possible due to conflicts with their civilian job or the distance they must travel. Due to military downsizing, many

reservists live a great distance from their reserve facilities and commute thousands of miles to occupy a paid billet. Reservists are often willing to travel these distances at their own expense to satisfy their requirements for military retirement. [Ref. 15, 17, 18]

Additionally, some reserve units drill in the field or at sea, at a distance from their reserve facilities. Many reserve facilities also experience difficulty gaining access to MTFs and civilian medical care on drill weekends to accomplish physical examinations.

Reservists also have other extensive training and personnel readiness requirements to fulfill on their drill weekends that compete for time with the accomplishment of their physical examinations. Often it is difficult for medical requirements to compete with training requirements for prioritization since the commanding officers of reserve units and reserve centers are evaluated on the basis of the training readiness points their units accrue. No points are currently awarded for the accomplishment of the physical examination or other personnel requirements, although many key personnel feel that they should be. [Ref. 3, 13, 15, 16, 18, 19, 20]

It is also more difficult to manage and track the health of Naval Reservists than it is to track the health of active duty Navy members. [Ref. 13, 14, 15, 16, 19, 20, 21, 22] This is because reservists are only observed in the workplace once a month. If a reservist gets injured they can have up to 28 days to recover before their reserve facility supervisor sees them again, whereas active duty members are observed on a daily basis. This once a month work schedule (monthly drills), can also make it difficult to track and manage the findings of medical defects on reserve physical examinations. For example, if a reservist's cholesterol test comes back elevated, the reservist may not be seen until the next drill weekend (when the examining physician may be scheduled to be away from the facility).

#### **D. SUMMARY OF CHAPTER II**

There are three main type of physical examinations and one interim health screening used in the Naval Reserve Physical Examination System: the accession physical, the periodic physical, the special purpose examination, and the "Annual Report of Physical

Condition.” The design of these examinations has two major components; the Report of Medical History and the Report of Medical Examination. Medical defects found during examinations must be classified as either CD or NCD by the examiner. Naval Reservists found to have medical defects that are considered permanently CD by BUMED are processed for separation.

The Reserve Medical Organizational Structure has more upper echelon involvement in the development of health care policy and more non-medical health care policy decision makers than the active duty Navy. Naval Reserve Physical Examination policies for the different types of physical examinations originate from several different levels within the DoD medical organizational structure including DoD, BUMED, NAMI, and CNRF. Physical Examination policies are also influenced by certain environmental factors such as public law, external regulating agencies, current events, and lobbyists.

The delivery of physical examinations in the Naval Reserve is complicated. Many Naval Reserve activities are remote to medical care, lack medical staff, or test facilities, and the medical quality assurance oversight required for physical examinations. Physical examinations are performed using a composite of the local medical resources available. Access to medical facilities for Naval Reserve physical examinations is also problematic due to the time restrictions imposed by the need to accomplish them during drill weekends. Physical examinations must compete for the limited time available during drill weekends with other reserve requirements like training readiness. Finally, it is more difficult to manage the health of Naval Reservists because they are not observed on a daily basis like active duty personnel.

The elimination of FNA waivers in the Naval Reserve Physical Examination System represented a major change in health systems policy for the Naval Reserve. The goal of this chapter was to familiarize the reader with the Naval Reserve Physical Examination System so that the reader has the background information necessary to understand the impact of the elimination of FNA waivers on that system.

### **III. BENEFITS, COSTS, AND DESIGN RECOMMENDATIONS FOR PHYSICAL EXAMINATION AND MEDICAL SCREENING PROGRAMS**

The scope of the Naval Reserve periodic physical examination was increased by the elimination of FNA waivers. This is because after the elimination of FNA waivers, Naval Reserve activities had to ensure that they completed the components of the periodic exam (i.e., tonometry or audiogram tests) that they previously waived. In order to assess whether or not increasing the scope of the examination was an improvement, it is necessary to have an understanding of the benefits and costs of examination programs. This understanding will allow the benefits gained from the increased scope of the examination to be weighed against their costs. It is also necessary to understand what examination components have been found to be beneficial and are recommended to be included in the design of periodic examination programs.

This chapter reviews the literature on physical examination and medical screening programs to explore their benefits and costs. It then explores the recommendations for the effective design of these programs. Understanding the costs and benefits associated with periodic examination programs and recommendations for their effective design will provide the reader with the necessary background to evaluate whether the addition of these examination components added value to the periodic examination process.

A wealth of literature exists that discusses the costs and benefits of physical examination and medical screening programs. Physical examination programs are more comprehensive than medical screening programs because they include a medical examination performed by a physician in addition to a medical screening. Medical screening programs usually consist of a health appraisal or medical history and medical testing. They are administered by non-physician personnel such as occupational health professionals. Medical problems identified during medical screenings may initiate referral to a physician for physical examination.

The literature about physical examination and medical screening programs can be separated into two types of discussions:

1. Discussions of the costs and benefits of programs.
2. Discussions of recommendations for program design.

In the first type of discussion, the costs and benefits of physical examinations are weighed in an attempt to answer the question, "Should we have a physical examination program?" The second type of discussion assumes that some type of physical examination program is beneficial, and attempts to answer the question, "What should the examination contain?" Discussions about recommendations for program design therefore focus on the definition of characteristics of effective examination components. A summary of the literature on these two types of discussions is presented in the next two sections.

#### **A. THE BENEFITS AND COSTS OF PROGRAMS**

A review of the literature to identify the costs and benefits of physical examination and medical screening programs reveals three primary groups who benefit and bear costs: the patient/worker, the business/employer, and society and the government.

A summary of the benefits for these groups is contained in Figure 3.1, The Benefits of Physical Examination or Medical Screening Programs. Many authors contend that these benefits are controversial, are not substantiated by hard data, or are too small in magnitude to outweigh program costs. [Ref. 23, 24, 25, 29, 39, 40] Despite the lack of hard evidence, medical professionals appear to agree that there is some benefit to physical examinations and medical screenings. Furthermore, consensus exists that benefits could be dramatically improved by collecting and databasing health data for examined populations. [Ref. 28, 33, 36, 37] This data could be used to analyze the long term effectiveness of examinations, the prevalence of disease and health trends in the population.

The costs for these groups are summarized in Figure 3.2, The Costs of Physical Examination or Medical Screening Programs. Some costs have been substantially documented. Health care utilization and its costs have been shown to increase

## The Benefits of Physical Examination or Medical Screening Programs

(Literature Review Summary)

<u>Patient/Worker</u>	<u>Business/Employer</u>	<u>Society and Government</u>
<ul style="list-style-type: none"> <li>● Assurance of Health [Ref. 23, 24]</li> <li>● Benefits of Early Diagnosis [Ref. 24, 25, 26]</li> <li>● Protection from Disease [Ref. 25, 27, 28]</li> <li>● Disease Risk Assessment and Education [Ref. 24, 29, 30, 31, 32, 33]</li> <li>● Health History/Baseline Data [Ref. 28]</li> <li>● Reduced Occupational Illness and Injury [Ref. 34]</li> <li>● Retention of Household Income/Reduced Hospitalization and Medical Care Costs [Ref. 26, 35]</li> </ul>	<ul style="list-style-type: none"> <li>● Assists in Proper Job Assignment [Ref. 36]</li> <li>● Compliance with Government Regulations [Ref. 36]</li> <li>● Decreases Costs From Employee Turnover to Replace Ill Workers [Ref. 34]</li> <li>● Decreases Future Health Care Costs Paid by Employer [Ref. 34]</li> <li>● Decreases Employee Sick Days/Productivity Loss [Ref. 34]</li> <li>● Decreases Tort Suits from Occupational Illness [Ref. 34]</li> <li>● Documentation of Pre-existing Conditions/Provides Baseline of Relevant Health Data [Ref. 28, 36, 37]</li> <li>● Ensures Worker is Free of Communicable Disease [Ref. 36]</li> <li>● Increases Job Performance/Safety to Worker [Ref. 34, 36]</li> <li>● Improves Communication of Workplace Hazards to Worker [Ref. 31, 38]</li> <li>● Provides Data to Identify Health Trends for Population [Ref. 33, 36]</li> <li>● Screens Out Unsuitable Candidates [Ref. 37]</li> </ul>	<ul style="list-style-type: none"> <li>● Decreases Prevalence and Severity of Disease in Society [Ref. 39]</li> <li>● Potentially Decreases Medical Care and Hospitalization Costs Borne by Society and Government [Ref. 26, 34, 35]</li> <li>● Saves Lives/Enhances Quality of Health [Ref. 26]</li> </ul>

Figure 3.1: The Benefits of Physical Examinations or Medical Screenings

# The Costs of Physical Examination or Medical Screening Programs

(Literature Review Summary)

## Patient/Worker

- Medical Out of Pocket Costs for Continued Care [Ref. 34]
- Risk of Job/Wage Loss [Ref. 24]

## Business/Employer

- Costs from the Adverse Effects of Testing [Ref. 26, 34]
- Develops Unrealistic Patient Expectations [Ref. 25]
- Direct Costs of Testing [Ref. 26, 34]
- Hiring Costs to Replace Workers Found Ill [Ref. 34]
- Increases Health Care Utilization and Costs Among Examined [Ref. 27, 40, 41]
- Physician Dissatisfaction [Ref. 25]
- Productivity Loss for Tests Done During Work Hours [Ref. 26, 34]
- Tort Suit Costs if Examination Findings are not Followed Through or Diagnoses Missed [Ref. 34]
- Use of Tests to Support Workman's Compensation Claims [Ref. 34]

## Society and Government

- Diverts Resources From Sick Patients [Ref. 24]
- Medical Care and Hospitalization Costs to Treat Findings [Ref. 34]

## All Categories

- Inability to Provide Evidence/Demonstrate Benefits [Ref. 24, 25, 29, 39]

Figure 3.2: The Costs of Physical Examination or Medical Screening Programs



significantly in populations with examination programs. [Ref. 27, 40, 41] In one study, health care utilization costs increased significantly even when examination costs were not considered. [Ref. 41]

Because of increasing health care costs and the subsequent growth of the population without financial access to medical care, many debates have surfaced recently about how to ration health care dollars. Economic reasons for health policy decisions have not always been well accepted. [Ref. 26] But economic considerations may be gaining social acceptance and legitimacy because the government and society are trying to find a more socially equitable method to ration health care across society than that of individual wealth. This is evidenced in the numerous recent discussions about national health care plans, health care reform, and national health insurance plans. In short, it now appears to be socially acceptable to ration health care in order to make its distribution more equitable across society, or to minimize health care costs so that health care is more affordable to more members of society.

Similarly, the literature on physical examination and medical screening programs demonstrates this trend toward minimizing health care costs while trying to preserve the maximum benefits available from programs. Recent literature has focused on designing medical examination programs that are tailored to the individual risks and health history of a patient rather than using the same comprehensive physical examination for all patients. Computers are now being used to monitor health data and build patient profiles for these individualized examination and health screening programs. [Ref. 33, 36] Health care professionals are also seeking to streamline medical examination and test procedures by analyzing the characteristics of effective and efficient examination components.

Understanding the benefits and costs of periodic examination programs can facilitate the effective and efficient design of these examination programs. The design of effective and efficient programs also relies on selecting the proper examination components to be conducted during examinations. In the next section, the characteristics of examination components that should be included in the design of effective and efficient examination programs will be discussed.

## **B. RECOMMENDATIONS FOR PROGRAM DESIGN**

The decision as to whether or not to eliminate FNA waivers centered around the issue of periodic physical examination comprehensiveness. What examination components a physical examination should include is a physical examination design issue. Much of the literature about physical examination and medical screening programs concerns how programs should be designed. The design of effective and efficient programs relies on the selection of examination components whose benefits outweigh their costs. The characteristics for examination components that have demonstrated cost-effectiveness are summarized in Figure 3.3, Examination Program Design Recommendations.

One of the most important benefits associated with examination programs is the early detection and treatment of disease. The issue then arises of which diseases should be tested for. The literature recommends that medical examinations should test for diseases that are prevalent in the population being examined and whose treatment is more effective in their asymptomatic stage (before the patient becomes aware of the disease because of the presentation of symptoms). Examples of conditions that are prevalent in American industry are: low back pain, hearing impairment, and chronic obstructive pulmonary disease [Ref. 34]; elevated uric acid levels (causes gout) in top level executives [Ref. 42]; and chronic musculoskeletal illnesses. (Chronic musculoskeletal illnesses account for 14 percent of all doctors office visits. [Ref. 43]) Not many prevalent diseases offer treatment benefit in their asymptomatic stage. A list of the diseases that do includes breast cancer, colo-rectal cancer, hypertension [Ref. 29], hyperlipidemia (high cholesterol and/or triglycerides) and prostate cancer.

It is also recommended that tests that are safe and accurate, as well as acceptable to patients be selected for use in examination programs. [Ref. 24, 29] Tests that are not safe and accurate can increase costs by causing adverse effects or result in tort suit litigation. The benefits of selected tests should be weighed against their acceptability to patients. For example: patients are not willing to experience painful procedures unless they perceive the procedure to offer significant benefits.

## Examination Program Design Recommendations

(Literature Review Summary)

### *Examination Programs Should*

#### → Test for the Presence of Diseases that

- **Are Prevalent in the Population to be Examined and Cause Significant Morbidity or Mortality** [Ref. 24, 34] *Examples:*
  - \* Low Back Pain, Hearing Impairment, Chronic Obstructive Pulmonary Disease [Ref. 34]
  - \* Elevated Uric Acid Levels in Executives [Ref. 42]
  - \* Chronic Musculoskeletal Illnesses [Ref. 43]
- **Have an Asymptomatic Stage Where Treatment Is More Effective than in the Symptomatic Stage** [Ref. 24, 29] *Examples:*
  - \* Breast Cancer, Bacteriuria, Colo-rectal Cancer, Hypertension [Ref. 29]
- **Have Safe and Accurate Tests that are Acceptable to Patients** [Ref. 24, 29]
- **Are Known to Exist in the Individual Patient** [Ref. 33]

#### → Assess for

- **Disease Risk Factors** [Ref. 29, 30, 32, 34, 36, 42, 44] *Examples:*
  - \* Alcohol Use [Ref. 42, 44]
  - \* Overweight [Ref. 42, 44]
  - \* Hyperlipidemia [Ref. 44]
  - \* Education [Ref. 36]
  - \* Seatbelt Use [Ref. 44]
  - \* Exercise/Cardiovascular
  - \* Smoking [Ref. 42, 44]
  - \* Hypertension [Ref. 44]
  - Fitness [Ref. 28, 42, 44, 45]
- **Personal Medical History for Disease** [Ref. 29, 36, 43, 45, 46] *Examples:*
  - \* Allergies and Medications [Ref. 36]
- **Family Medical History for Disease** [Ref. 29, 36] *Examples:* \* Diabetes
- **Occupational Health History** [Ref. 36] *Examples:* \* Asbestos Exposure
- **Personal Health Beliefs/Expectations** [Ref. 31]

#### → Examine for

- **Musculoskeletal Fitness** [Ref. 28, 33, 43] *Examples:*
  - \* Strength Testing [Ref. 47]
  - \* Flexibility Testing [Ref. 36]

#### → Provide

- **Education/ Goal Setting and Motivation** [Ref. 24, 26, 29, 31, 33]

**\*Note:** Examples are Illustrative Only. They Do Not Represent a Complete List of Recommended Examination Components

Figure 3.3: Examination Design Recommendations

Disease states known to exist in the specific patient being examined should also be tested for if indicated. [Ref. 33] It is vitally important to the examination that the current state of disease in the patient be assessed and that appropriate recommendations for follow-up of these conditions is rendered. Examination findings that are not followed or diagnoses that are missed can result in unnecessary morbidity, mortality and tort suits.

Disease risk assessment is a highly recommended component of examinations. [Ref. 29, 30, 32, 34, 36, 42, 44] This assessment attempts to identify individual lifestyle habits of the patient that will contribute to the future development of disease. The patient is then educated about the disease risks they are taking in an effort to get them to change their risky behavior. The disease risk assessment tries to increase the benefit offered by examination programs by deterring the development of future disease in the patient. Some of the leading risk factors for disease are: education level, hyperlipidemia, hypertension, seat belt use, alcohol use, smoking, and exercise or cardiovascular fitness. [Ref. 28, 42, 44, 45]

The importance of taking a good medical history for an examination cannot be overstated. [Ref. 43, 45, 46] Numerous authors contend that diagnoses are usually made from the patient's medical history and then confirmed by the physician's examination and tests. A patient's family medical history and their occupational health history are also important to assess. These assessments can help identify the patient's specific hereditary medical risks and the environmental disease causing factors to which they have been exposed.

Performing a musculoskeletal evaluation during physical examination can be valuable. The use of flexibility testing for the major muscle groups has been suggested to have value predicting risk for back [Ref. 36] and knee injuries. The state of Arizona's pre-employment program enjoyed a net annual savings of \$208,000 for back injury claims after incorporating strength testing into their pre-employment examinations for workers who applied for jobs that required heavy lifting. [Ref. 47] It is important to note, however, that the Americans with Disabilities Act of 1992 prohibits considering health conditions in

employment decisions unless a job has a specific physical requirement that cannot be met because of a health condition.

Williamson suggests that, "physicians discuss with patients what exams can and cannot do." [Ref. 33] Studies conducted to determine which examination components patients would select for their own care have shown that patients' have faulty expectations about the value of many examination components. Patients were found to select exams that had little value, to be conducted at intervals that would not improve their care. Interestingly, these studies also found that patients made aware of exam costs tended to ration their own care. [Ref. 27, 33]

The financing and availability of medical personnel and facilities must also be considered in examination program design. Occupational health specialists are widely used by business for the delivery of examination programs. Using occupational health personnel to deliver and monitor examination programs probably constitutes the optimal choice of professionals. Occupational health personnel include occupational health nurses, physicians, physician assistants, and industrial hygienists, among others. The use of occupational nurses has been specifically recommended. [Ref. 36]

Undoubtably the most important factors that must be considered in examination program design are the resources available to conduct the program and the specific goals to be achieved by its establishment. A clear definition of formal goals for examination programs is crucial in order to select the best configuration of examination components to meet those goals within the available resources. The goals for examination programs will be discussed in the next chapter.

### **C. RECOMMENDATIONS**

Currently, several opportunities may exist to improve the periodic physical examination, including the following:

- assessment of risk factors, lifestyle, and family medical history
- use of occupational health personnel to deliver examinations
- computerization of the physical examination process
- inclusion of flexibility and strength testing in examinations

However, since the aim of this thesis is to evaluate the impact of the elimination of FNA waivers, these areas have not been fully developed or explored. For this reason, the data offered by this study is insufficient to substantiate recommendation of these actions. Further research into these areas however, is strongly recommended.

#### **D. SUMMARY OF CHAPTER III**

This chapter began by performing a literature review to explore the costs, benefits, and design recommendations for periodic physical examination programs. Three groups are normally identified to benefit from or bear the cost of physical examination programs: the patient/worker, the business/employer, and society/government. Although a consensus exists that physical examination programs are beneficial, little hard evidence has been produced to prove this hypothesis. Several studies show that examination programs increase utilization costs and that patients made aware of costs will ration their own care. The design of effective and efficient examination programs depends on the selection of examination components that have exhibited cost-effectiveness. These components were summarized in Figure 3.3.

The aim of this chapter was to provide the reader with an understanding of what periodic physical examinations can do, what their costs are and how they can be effectively designed. Knowledge of these factors is required to understand an analysis of the elimination of FNA waivers.

#### **IV. THE GOALS OF THE NAVAL RESERVE PERIODIC PHYSICAL**

This chapter will examine the formal and informal goals of Naval Reserve periodic physical examinations. It is necessary to understand these goals in order to analyze whether or not the elimination of FNA waivers was a successful change in health care policy for the Naval Reserve. If the elimination of FNA waivers can be shown to have improved the ability of the periodic physical examination to achieve its goals then it can be considered a successful change in policy (as long as the cost of that improvement is not considered excessive).

##### **A. NAVAL RESERVE PERIODIC PHYSICAL EXAMINATION GOALS**

The Naval Reserve periodic physical examination has both formal and informal goals. Formal goals are established by *written* policies. Informal goals *are not written* but exist in the beliefs of employees, customers and other stakeholders. Informal goals are not necessarily sanctioned by an organization.

There is one formal goal for periodic physical examinations. It is to:

...address the ability of a member in the naval service to perform present or expected future duties according to the member's rating, designator, military occupational specialty (MOS), Navy Enlisted Classification Code (NEC), grade, billet, or office. [Ref. 1]

However, presently no specific instruction exists that defines what medical conditions may preclude the performance of specific occupations within the Navy. As mentioned in Chapter II, a new DoD directive is expected to be released soon that is reported to provide more specific medical retention criteria. This directive is intended to provide guidance that will help to determine whether personnel are fit for the specific job requirements of their rating or specialty. [Ref. 9]

The key personnel involved in the Naval Reserve examination system were interviewed to determine their perception of the goals of the periodic physical examination. These interviews showed that most key personnel identified goals different from the formal goal for periodic physical examinations. Only two out of eleven personnel interviewed identified the examination's formal goal. [Ref. 15, 21] When asked what they thought the goals of periodic physical examinations were, the majority answered, "ensuring fitness for mobilization." [Ref. 3, 13, 14, 15, 16, 17, 19, 20]

It is possible that the personnel interviewed interpreted the formal goal to mean "ensuring fitness for mobilization." This however would be an incorrect interpretation since fitness for a "job" and "fitness for mobilization" are different goals. The determination of fitness for mobilization for a reservist is less specific than trying to determine their fitness for a specific occupational field. For instance, a reservist could be medically qualified for wartime mobilization but not to perform the unique physical demands of their occupational specialty (example: heightened hearing may be required for sonar technicians to hear the high frequency noise emitted by their sonar equipment). Also, ensuring that personnel are fit for "present or future duties" required by their occupational specialty is not necessarily the same as ensuring they are fit for worldwide mobilization. For example, during ODS it was discovered that the Army had kept many personnel with known physical limitations in the Army Reserve by placing restrictions on where they could mobilize upon recall. [Ref. 2] The Army argued that these personnel were still fit to perform in their occupational specialties. These physically limited personnel were not fit for worldwide mobilization.

"Ensuring fitness for mobilization" can best be classified as a sub-goal of the system's formal goal, since a "general" job requirement common to all reservists is to be able to mobilize in support of the active forces. Since this goal is not contained in written directives however, it is still an informal goal. Nonetheless, "ensuring fitness for mobilization" is a powerful goal of the Naval Reserve physical examination system.

Another powerful informal goal was identified in the interview process. This goal belonged to the personnel administering the physical examination system. They appeared



to have a strong goal to ensure that the periodic physical examination is comprehensive enough to identify all members with medical defects that would disqualify them for mobilization, since they feel they are being held accountable and responsible to do this. The elimination of FNA waivers seems to have been generated by this powerful goal. According to the GAO, the Navy did not experience a significant amount of difficulty due to personnel being found unfit upon mobilization during Operation Desert Storm, but they did identify significant problems in the fitness for mobilization of members from other services. [Ref. 2] When FNA waivers were allowed in 1992, 75 percent of Naval Reserve personnel were found to have had incomplete physicals, due to some portion of the examination having been waived FNA. [Ref. 7] The Naval Reserve did not really know if this 75 percent of personnel were fit, since part of their examinations had not been done. For this reason, the Naval Reserve medical department did not feel comfortable being held accountable to ensure that these personnel were fit. The need to have the physical exam be comprehensive enough for the Naval Reserve to be held accountable to ensure that their personnel were fit for mobilization, was one of the main driving forces behind the elimination of FNA waivers.

Some other goals identified in the interviews but not found in written policy can also be considered to be informal goals of the Naval Reserve physical examination system. They are:

- The Assurance of Health [Ref. 14]
- The Detection of Conditions that Could Become Complicated if the Patient Was Deployed to a Location Remote to Medical Care [Ref. 3, 15]
- Documentation of Pre-existing Conditions/Baseline for Future Disease [Ref. 14, 21]

A strong consensus about these goals did not materialize during the interviews. The only goals identified for which a strong consensus existed were the goals to “ensure fitness for mobilization” and to have the periodic physical comprehensive enough to be held

accountable to “ensure fitness for mobilization.” Clearly key personnel strongly identified with these goals.

The goal to “assess the ability of personnel to perform their present or future duties and its assignments” can be examined to determine what benefits it can provide. Referring to the list of benefits for physical examination programs listed in Figure 3.1, the formal goal can be most reasonably be allied with the benefits, “assists in proper job assignment” or to “screen out unsuitable candidates.” These benefits are normally associated with pre-employment physical examinations in the civilian workplace, not periodic health programs. The informal goal of “ensuring fitness for mobilization” can also be closely allied with the benefit of “screening out unsuitable candidates.”

The components of the current periodic physical examination can also be reviewed to identify their potential benefits and how well these match the program’s formal goals.

The examination components primarily appear to assess the examinee for active disease or for disease that may become active and preclude their fitness for mobilization. This suggests that the detection of prevalent diseases which offer treatment benefits in their asymptomatic stage may be an indirect goal of the periodic physical. But this goal may be problematic in the reserves since maximum benefits from this goal can only be achieved if the disease is then treated in its asymptomatic stage. As previously mentioned, Naval Reservists are not entitled to treatment for conditions discovered on physical examinations.

## **B. CONCLUSIONS AND RECOMMENDATIONS**

The aim of this chapter was to provide the reader with a sufficient background to understand the goals of Naval Reserve periodic physical examinations. If the ability of the periodic physical examination to meet its goals has been improved by the elimination of FNA waivers, then it can be considered a successful change in policy.

In conducting an evaluation of FNA waiver elimination, a goal definition problem arises. Specifically, which goals should be considered in this evaluation? Should formal

goals only be considered, or should informal goals be considered too? The results of an evaluation could differ depending on which goals are considered in the analysis.

If only formal goals are considered, then FNA elimination would be considered effective if it improved the ability of the periodic physical examination to ensure that personnel are fit for their occupational specialty and its expected future duty assignments. This assessment would be problematic because there are other criteria such as cost which are important to consider. An improvement in the ability to achieve the examination's formal goal would not be acceptable at any cost.

Should informal goals be considered in the evaluation? Including informal goals in the evaluation is problematic since, by definition, they are not goals that are formally sanctioned by the organization. Obviously informal goals whose outcomes are not desired should not be considered. Also, if informal goals are considered what weight should they be given in the decision as to whether or not the elimination of FNA waivers was successful?

There is sufficient evidence to conclude that the formal goals for periodic physical examinations should be reviewed to see if they should be more clearly defined. This conclusion is based on the fact that the key personnel interviewed did not identify the formal goal for periodic examinations. The goals identified by key personnel did not include the assessment of the specific physical requirements required by specific occupational fields (like sonar technicians or boatswain's mates). This means that examiners may not currently be assessing a member's ability to meet the special physical requirements that their *occupational* specialties require. If they are desired, it also may be appropriate to formally define some of the system's informal goals in order to give them more impetus to be accomplished.

The current formal goal should also be analyzed to determine why it is not the most powerful goal in the system. (It cannot be the most powerful since it is not known.) It is paramount to ascertain whether or not personnel believe that this formal goal is attainable, since the goal is likely to fail otherwise. It is likely that personnel feel that the

goal is attainable. They probably just do not fully understand it because it is too ambiguous.

#### **C. SUMMARY OF CHAPTER IV**

This chapter examined the formal and informal goals of Naval Reserve periodic physical examinations. These goals must be understood to analyze whether or not the elimination of FNA waivers was a success. If waiver elimination improved the ability of the periodic physical examination to achieve its goals, then it is a success.

Currently the formal goal for periodic physicals is to assess a member's ability to meet the requirements of their occupational specialty and its expected future assignments. Two powerful informal goals were identified in interviews. These goals are to "ensure personnel are fit for mobilization" and to have the periodic physical examination be comprehensive enough so that system personnel can feel secure being held accountable for the fitness of examinees. Some other goals are also alluded to in the current design of the periodic physical examination. These are to detect active diseases or diseases that may become active that are in their asymptomatic stage.

There is sufficient evidence to conclude that the formal goals for periodic physical examinations should be reviewed to see if they should be expanded or more clearly defined. This conclusion is based on the fact that the key personnel interviewed did not identify the formal goal for periodic examinations.

## **V. THE FAILURE TO MEET GOALS FOR PERIODIC EXAMINATIONS**

The periodic physical examination is the primary tool used by the Navy to determine whether its personnel are fit for their duties. In this chapter an analysis will be performed to determine the historical reasons that Naval Reserve personnel have been found unfit for their duties. Two sources of data will be reviewed, the data of the Navy and Marine Corps Physical Evaluation Board (PEB), and the data from the Naval Reserve Force's "Not Physically Qualified" (NPQ) physical examination database. The periodic physical examination will then again be analyzed, to see how well it addresses the primary medical reasons for which personnel have been found unfit in the past.

After the elimination of FNA waivers, the scope of the periodic physical examination was increased (because examination components that had previously been waived FNA now had to be accomplished). If the increased scope of the examination can be shown to target the leading causes for which personnel have been found unfit, then this would support the conclusion that the elimination of FNA waivers improved the periodic examination. Another aim of this analysis will be to determine if epidemiological data can be used to provide insight about the effectiveness of the periodic physical examination that can be used to improve its design.

### **A. HISTORICAL DATA FROM THE PHYSICAL EVALUATION BOARD (PEB) OF THE NAVY AND THE MARINE CORPS**

Naval Reserve personnel who have been determined "not physically qualified" (NPQ) on their periodic physical examination are normally referred to BUMED and BUPERS for fitness for duty determination. "Fitness for duty" determination data has only recently (in 1996) been coded or tracked by BUMED, so a historical trend analysis could not be readily performed on BUMED's past "fitness for duty" determinations.

Naval and Marine Corps Reserve "fitness for duty" cases are referred to the Physical Evaluation Board (PEB) for determination at the member's request, or if the

member has been determined NPQ while on a period of active duty. The PEB has been tracking these cases by their Veteran's Administration Service Related Disability (VASRD) code, so historical trends for members being found NPQ can be analyzed from the PEB's data. It is important to note, however, that not all reserve member's cases are reviewed by the PEB. It could be argued that this source of data is biased since members with more serious conditions maybe more likely to seek out disability determination by requesting a PEB.

The PEB renders "fitness for duty" and disability determinations for the United States Navy and Marine Corps members' cases it reviews. The PEB assigns a VASRD code to each of these cases. This VASRD code classifies the case according to its medical diagnoses disability category. The Veteran's Administration then uses this code to track members by disability classes.

Figure 5.1, The Top 11 Veteran's Service Related Disability (VASRD) Codes of the Navy and Marine Corps Physical Evaluation Board in Fiscal Year 1995 [Ref. 48], identifies the primary VASRD reasons that Navy and Marine Corps personnel were found "unfit for duty" in fiscal year (FY) 1995. (It should be noted that the population for this graph includes both active duty and reserve personnel.) Orthopaedic and asthma cases were the leading reasons for Navy and Marine Corps personnel to be found unfit in FY95. No other VASRD code came close to matching the numbers of personnel discharged for these two VASRD medical categories.

In order to identify the reasons why Naval Reserve Personnel have been found unfit for duty, a request was made to the PEB for historical data. The PEB provided a computer VASRD review report for Naval and Marine Corps Reserve personnel (USNR and USMCR) from 01 October 1993 to 08 September 1995. (Earlier reports were not available.) The computer records of the PEB were unable to distinguish between members who were USNR or USMCR active duty personnel and members of the selected reserve (SELRES) force, so the data examined in this section will contain some active duty as well as SELRES personnel. (The population studied will be larger than just SELRES. Some

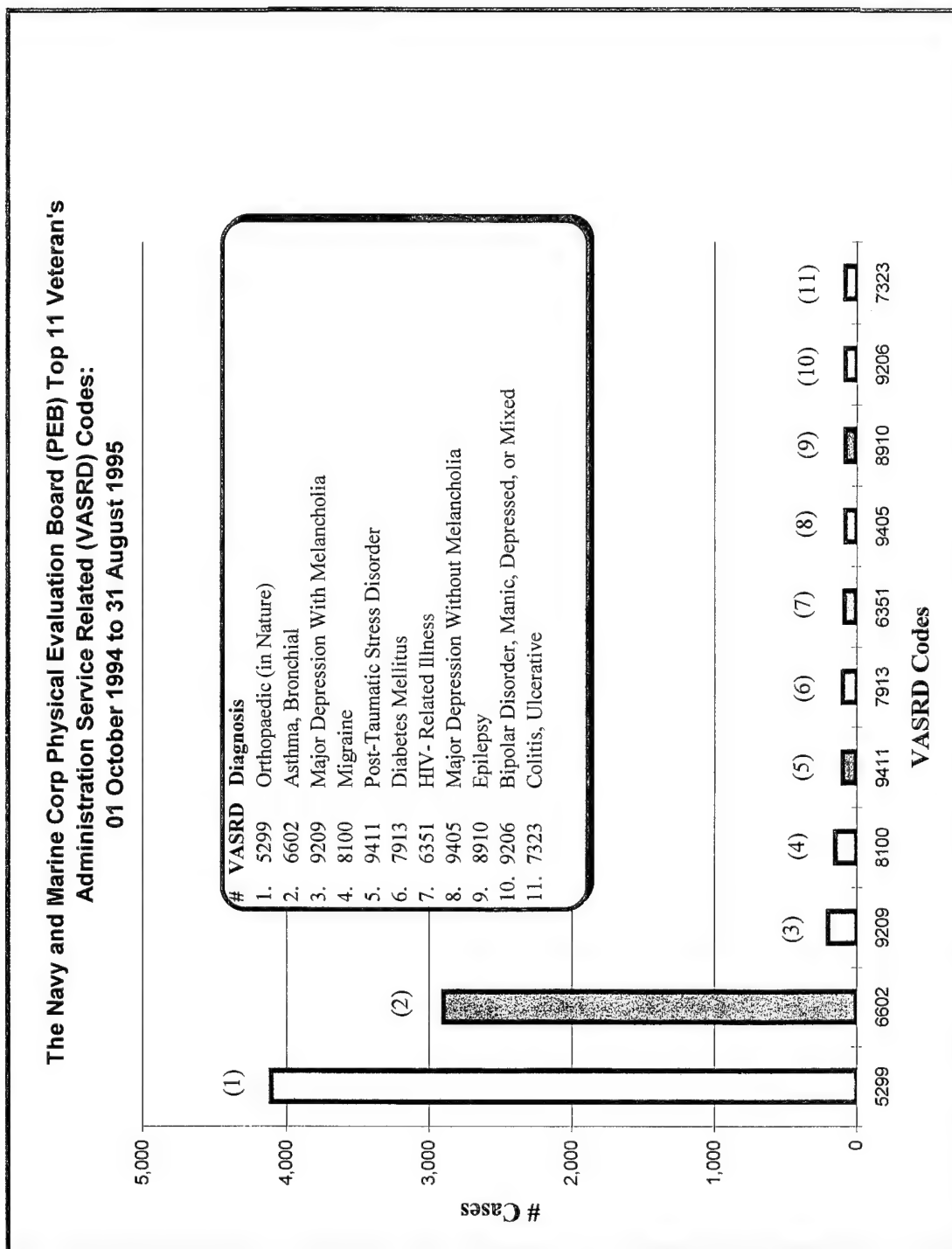


Figure 5.1: The Top 11 Veteran's Service Related Disability (VASRD) Codes Rendered by the Navy and Marine Corps Physical Evaluation Board in Fiscal Year 1995. From Ref [48].

active duty personnel are also categorized USNR, but are not members of the Selected Reserve.)

The report received from the PEB contained both the VASRD code and the medical diagnoses for personnel determined unfit by the PEB. The report was analyzed to see if the data could be organized in a way that would provide useful information to assess periodic physical examinations. Because of the extremely large number of personnel included in the "Orthopaedic in Nature" VASRD category, the data was further broken down into general medical service categories to provide more specific medical information about the diagnoses of disqualified personnel. This breakdown can be reviewed in Appendix G, "Naval and Marine Corps Reserve PEB Diagnoses: 01 October 1993 to 08 September 1995." The results from this general medical service category breakdown are summarized in Figure 5.2, Total PEB Cases of the USNR and USMCR by General Category, which identifies the general medical categories selected and the number of records assigned to each category.

The top 14 general service categories identified in this analysis are identified in Figure 5.3, Top 14 USNR & USMCR Physical Evaluation Board General Service Categories 01 October 1993 to 08 September 1995. Orthopaedic back cases and knee cases outnumbered all other medical conditions resulting in members being found unfit for the USNR and USMCR. These cases were primarily herniated discs of the back or neck, and torn knee ligaments or cartilage (medial meniscus and anterior cruciate ligament tears). This could be a significant finding for accession or periodic physical examinations if the flexibility testing (mentioned in the section on examination program design) is beneficial. However, it may not be legal under the Americans with Disability Act of 1992 to preclude from military service members found to have flexibility limitations. Flexibility information would then only be useful if it could be used to identify personnel at high risk for back and knee injuries, and then some method to eliminate or reduce this risk identified. This could perhaps be accomplished by education or a specialized physical fitness program. Further research in this area is highly recommended.



ALPHABETIZED TOTAL CASES BY		TOTAL CASES LISTED BY FREQUENCY		
GENERAL CATEGORY	# CASES	GENERAL CATEGORY	# CASES	%
ASTHMA	12	ORTHO- KNEE	81	16.07%
CARDIOLOGY	19	ORTHO- BACK	79	15.67%
CIRCULATORY	22	NEUROLOGY	32	6.35%
DENTAL	2	PSYCHIATRIC	32	6.35%
DEPRESSION	22	ORTHO- SHOULDER	25	4.96%
ENDOCRINE	16	CIRCULATORY	22	4.37%
EAR, NOSE, AND THROAT	8	DEPRESSION	22	4.37%
GENERAL SURGERY	9	ORTHO- ANKLE	21	4.17%
GYNECOLOGY	4	CARDIOLOGY	19	3.77%
INTERNAL MEDICINE	15	ORTHO- FOOT	19	3.77%
NEPHROLOGY	4	ENDOCRINE	16	3.17%
NEUROLOGY	32	INTERNAL MEDICINE	15	2.98%
ONCOLOGY	8	RESPIRATORY	14	2.78%
OPHTHOLOGY	6	ASTHMA	12	2.38%
ORTHO- ANKLE	21	ORTHO- LEG	11	2.18%
ORTHO- ARM	9	ORTHO- OTHER	10	1.98%
ORTHO- BACK	79	GENERAL SURGERY	9	1.79%
ORTHO- FOOT	19	ORTHO- ARM	9	1.79%
ORTHO- HAND	5	EAR, NOSE, AND THROAT	8	1.59%
ORTHO- HIP	5	ONCOLOGY	8	1.59%
ORTHO- KNEE	81	SUBSTANCE ABUSE	8	1.59%
ORTHO- LEG	11	OPHTHOLOGY	6	1.19%
ORTHO- OTHER	10	ORTHO- WRIST	6	1.19%
ORTHO- SHOULDER	25	ORTHO- HAND	5	0.99%
ORTHO- WRIST	6	ORTHO- HIP	5	0.99%
PSYCHIATRIC	32	GYNECOLOGY	4	0.79%
RESPIRATORY	14	NEPHROLOGY	4	0.79%
SUBSTANCE ABUSE	8	DENTAL	2	0.40%
<b>TOTAL CASES</b>	<b>504</b>	<b>TOTAL CASES</b>	<b>504</b>	<b>100.00%</b>

Figure 5.2: Total PEB Cases of the USNR and USMCR by General Category

In Figure 5.4, USNR & USMCR PEB Diagnoses by Grouped Categories

01 October 1993 to 08 September 1995, the general medical categories identified in Figure 5.3 were combined into major medical service categories. This figure shows that orthopaedic cases accounted for 55 percent of all diagnoses for which personnel were found unfit for duty. Psychiatric diagnoses accounted for the second largest major group at 12 percent. The third largest distinctive group contained cardiology and cardiovascular diagnoses at 8 percent. The "All Other" group (8 percent) was a heterogenous category that contained many small groups of diagnoses like gynecology and dental.

TOP 14 DIAGNOSES	
GENERAL CATEGORY	# CASES
ORTHO- KNEE	81
ORTHO- BACK	79
PSYCHIATRIC	32
NEUROLOGY	32
ORTHO- SHOULDER	25
CIRCULATORY	22
DEPRESSION	22
ORTHO- ANKLE	21
ORTHO-FOOT	19
CARDIOLOGY	19
ENDOCRINE	16
INTERNAL MEDICINE	15
RESPIRATORY	14
ASTHMA	12
<b>TOTAL CASES</b>	<b>409</b>

**Top 14 USNR & USMCR Physical Evaluation  
Board Diagnoses by General Service Categories  
01 October 1993 to 8 September 1995**

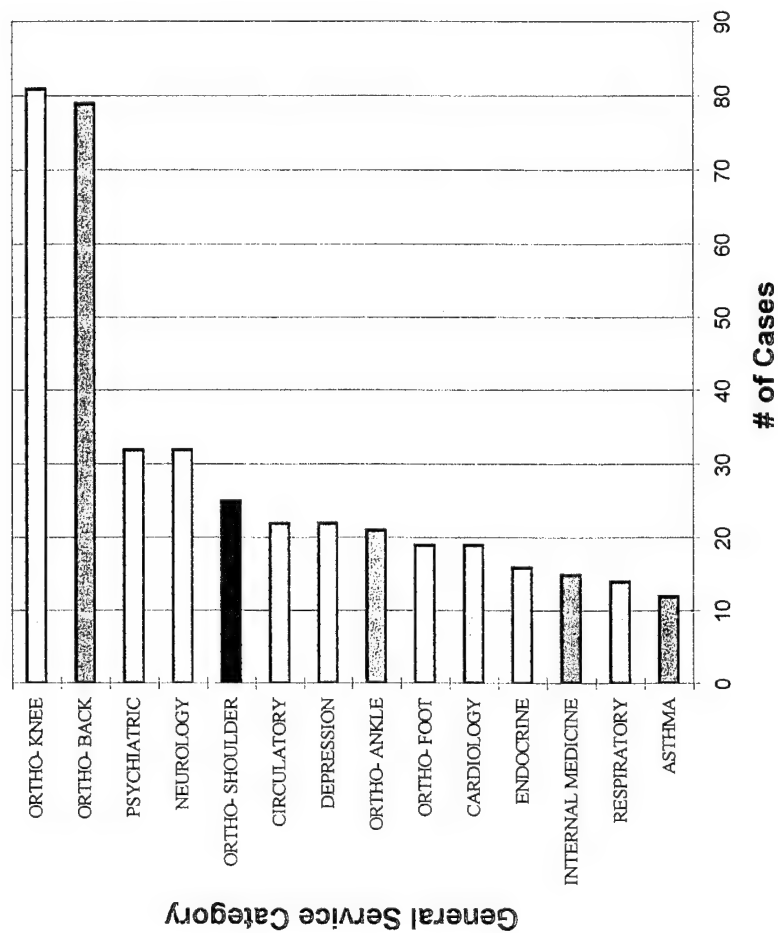
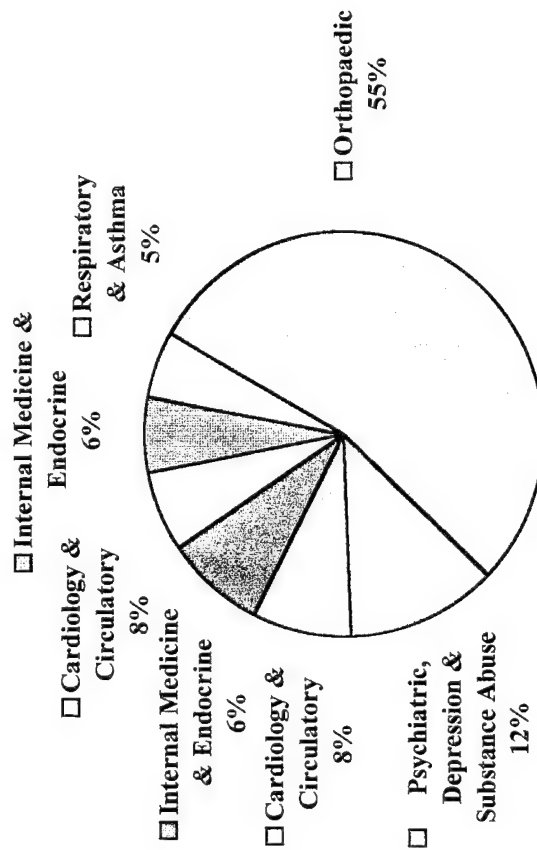


Figure 5.3: The Top 14 USNR & USMCR Physical Evaluation Board General Service Categories 01 October 1993 to 08 September 1995.

TOTAL CASES BY GROUPED CATEGORIES:		
GROUPED CATEGORIES	# CASES	PERCENT
Orthopaedic	271	54%
Psychiatric, Depression & Substance Abuse	62	12%
Cardiology & Circulatory	41	8%
All Other	41	8%
Neurology	32	6%
Internal Medicine & Endocrine	31	6%
Respiratory & Asthma	26	5%
<b>TOTAL CASES</b>	<b>504</b>	<b>100%</b>



## USNR & USMC PEB Diagnoses by Grouped Categories

01 October 1993 to 08 September 1995

Figure 5.4: USNR & USMC PEB Diagnoses by Grouped Categories  
01 October 1993 to 08 September 1995

Because of the large number of orthopaedic diagnoses for personnel found unfit for service by the PEB, the orthopaedic trends for being found "unfit for duty" were also analyzed. These findings are summarized in Figure 5.5, USNR & USMCR Physical Evaluation Board Orthopaedic Diagnoses 01 October 1993 to 08 September 1995. Orthopaedic diagnoses accounted for 271 of the 504 cases reviewed. No other specific orthopaedic diagnoses were identified in this breakdown that were anywhere near as prevalent as disc and knee injuries.

#### **B. HISTORICAL DATA FROM THE NAVAL RESERVE "NOT PHYSICALLY QUALIFIED" (NPQ) EXAMINATION DATABASE**

When Naval Reserve personnel are found to have a defect during examination that is considered disqualifying (CD) they are classified as either "temporarily not physically qualified" (TNPQ) or "not physically qualified" depending on the expected length of their medical condition. When a member is found to have a defect that results in their being found NPQ, their physical examination is sent to the office of the Commander, Naval Reserve Force (CNRF), who then forwards the physical to BUMED and BUPERS for final determination of their "fitness for duty." CNRF has established a computer database to track this physical examination determination process.

The CNRF database contained 123 cases compared with the PEB's data sample at 504 cases. The earliest record in the CNRF data base dates back to 1986, but this record was apparently included due to lengthy period of time it took to resolve the case. The majority of the data (all but three records) in CNRF's database dates from 1993 on.

The computer records from the CNRF "NPQ" database were examined and medical diagnoses were grouped into the same general medical categories used for the PEB's USNR and USMCR data. The results of this grouping are illustrated in Figure 5.6, Commander Naval Reserve Force "Not Physically Qualified" Database March 1993 to September 1995. Orthopaedic back and psychiatric illnesses topped the list of conditions for which Naval Reserve personnel were found NPQ during this time frame.

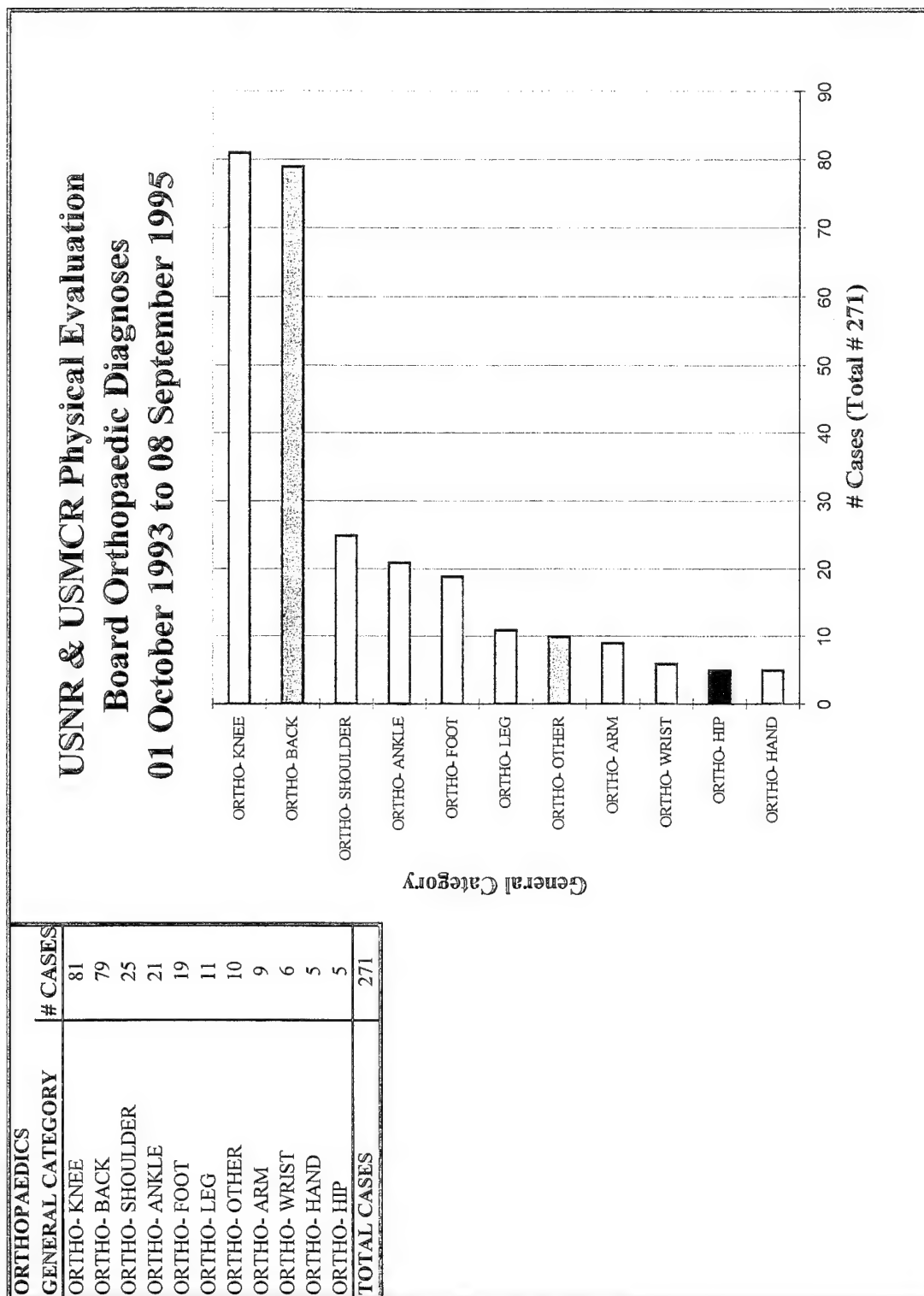


Figure 5.5: USNR & USMCR Physical Evaluation Board Orthopaedic Diagnoses  
01 October 1993 to 08 September 1995.

CNRF NPQ DATABASE	
GENERAL CATEGORY	# CASES
GYNECOLOGY	1
ORTHO- ARM	1
ORTHO- LEG	1
ORTHO- WRIST	1
EAR, NOSE & THROAT	2
ORTHO- ANKLE	2
ONOCOLGY	3
OPHTHAMOLOGY	3
ORTHO- SHOULDER	3
RESPIRATORY	3
DIAGNOSIS UNAVAILABLE	4
NEPHROLOGY	4
ORTHO- KNEE	4
ENDOCRINE	5
INTERNAL MEDICINE	5
ORTHOPAEDIC	5
ASTHMA	6
CARDIOLOGY	8
DEPRESSION	8
NEUROLOGY	8
CIRCULATORY	9
GENERAL SURGERY	10
PSYCHIATRIC	13
ORTHO- BACK	14
Total	123

**Commander Naval Reserve Force  
"Not Physically Qualified" Data Base  
March 1993 to September 1995**

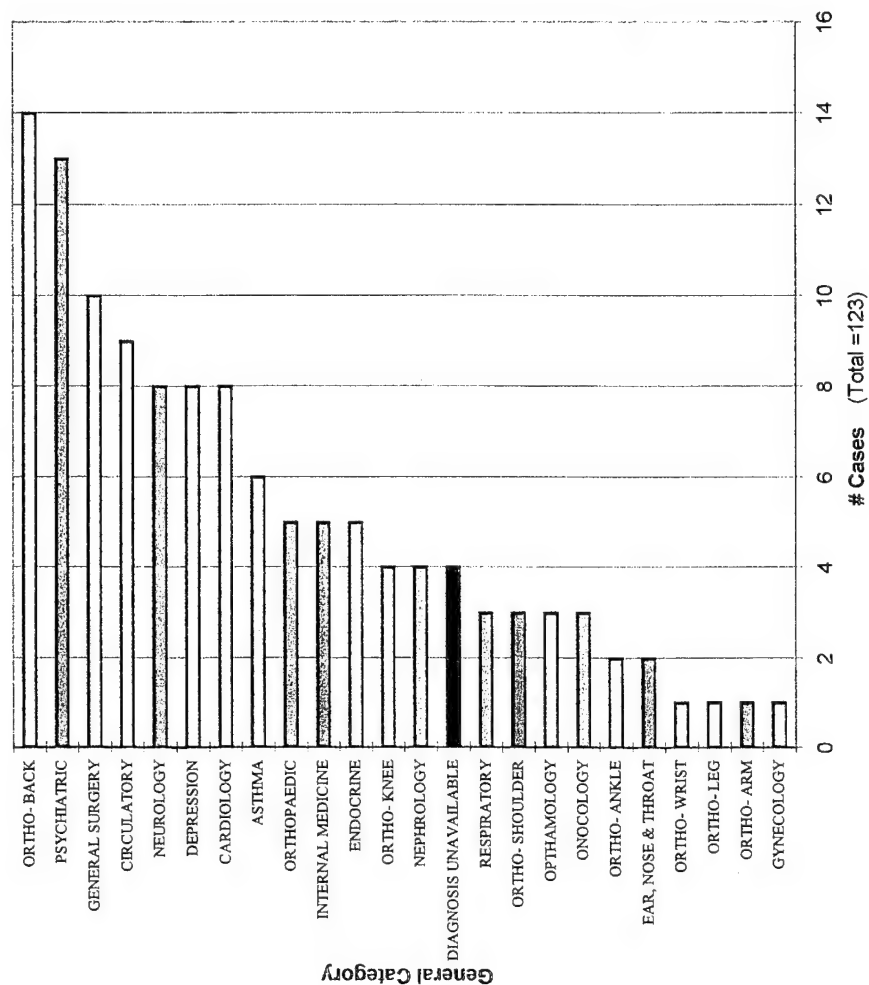


Figure 5.6: Commander Naval Reserve Force "Not Physically Qualified" Database  
March 1993 to September 1995.

It is interesting to note the differences between the data reviewed from PEB records and CNRF records. Orthopaedic knee injuries ranked considerably lower in CNRF's database. This could be because of their dissimilar populations. The PEB's data included some active duty personnel and USMCR personnel in addition to USNR SELRES personnel, so the population studied was different. Additionally, unless they were found unfit during a period of active duty, a SELRES member must request the review of their case by the PEB. The CNRF data is also a smaller sample size of 123 cases compared to the 504 cases of the PEB. These findings may also indicate the type of persons who are likely to request a PEB. Knee injury patients may be more likely to request a PEB in order to be rated for disability. Psychiatric patients may be less likely to request a PEB. Also, the inclusion of the USMCR personnel in the PEB's data may be responsible for the increased number of reported knee injuries.

The data from CNRF was also grouped into major medical categories to see if other medical trends for diagnoses existed. This grouping is illustrated in Figure 5.7, Commander Naval Reserve Force "Not Physically Qualified" Database by Major Category March 1993 to September 1995. Orthopaedic and psychiatric diagnoses topped the list of major medical categories for CNRF just as they did for the PEB.

### **C. CONCLUSIONS AND RECOMMENDATIONS**

The data of the PEB and CNRF were analyzed to identify the leading causes for Naval Reserve personnel having been found unfit for duty. Table 5.1, Summary of the Leading Causes for Naval Reserve Personnel Being Found Unfit for Duty by the PEB and CNRF, summarizes the findings from the analysis.

The elimination of FNA waivers increased the scope of the periodic examination by no longer allowing its examination components to be waived. The components that previously waived and the medical conditions they test for are listed in Table 5.2: Examination Components Previously Waived FNA. These components can be reviewed to see if they have improved the ability of the periodic physical to target the leading causes

CNRF NPQ DATABASE MAJOR CATEGORY	# CASES
GYNECOLOGY	1
EAR, NOSE & THROAT	2
ONCOLOGY	3
OPHTHAMOLOGY	3
DIAGNOSIS UNAVAILABLE	4
NEPHROLOGY	4
ENDOCRINE	5
INTERNAL MEDICINE	5
CARDIOLOGY	8
NEUROLOGY	8
CIRCULATORY	9
RESPIRATORY	9
GENERAL SURGERY	10
PSYCHIATRIC	21
ORTHOPAEDIC	31
Total	123

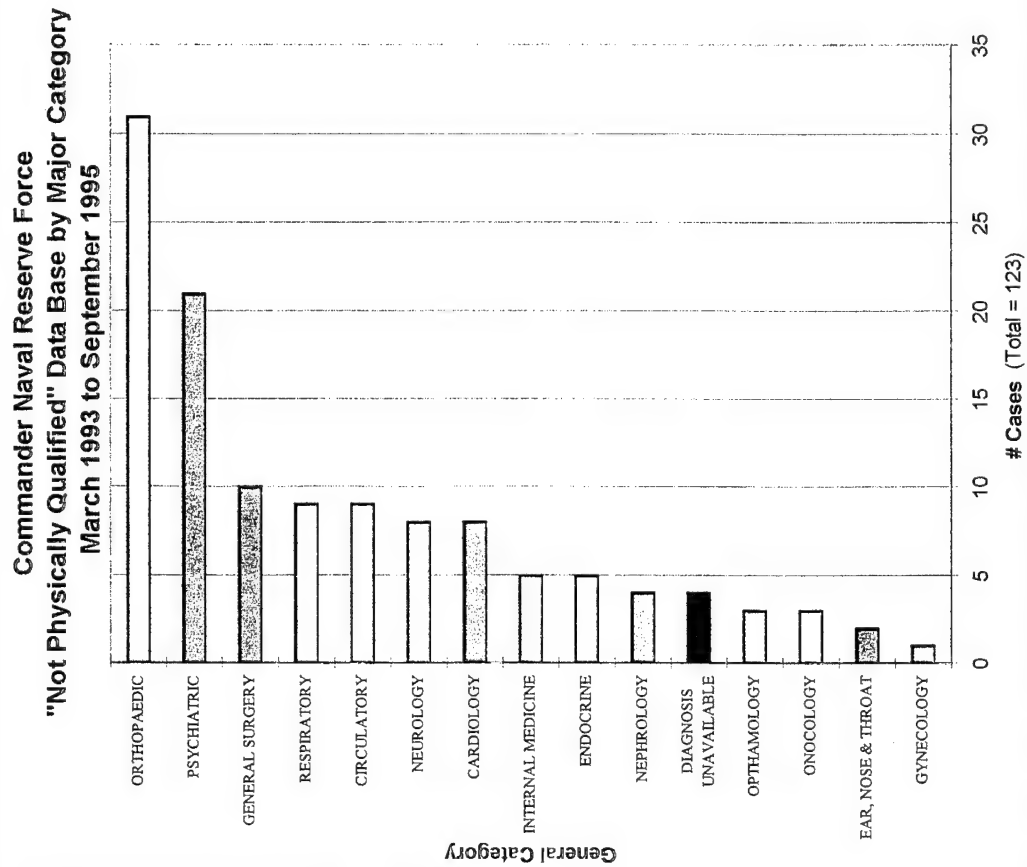


Figure 5.7: Commander Naval Reserve Force "Not Physically Qualified" Database by Major Category March 1993 to September 1995.



<b>Leading Cause</b>	<b>PEB (Percent of Cases)</b>	<b>CNRF (Percent of Cases)</b>
Orthopaedic	55%	25%
Psychiatric	12%	17%
Cardiology & Circulatory	8%	14%
Internal Medicine & Endocrine	6%	8%
Respiratory & Asthma	5%	7%
General Surgery	2%	8%
Neurology	6%	6%

Table 5.1: Summary of the Leading Causes for Naval Reserve Personnel Being Found Unfit for Duty by the PEB and CNRF

for Naval Reserve Personnel to have been found unfit for duty. Some of the examination components do assess these areas, i.e., the lipid panel, EKG, and chest x-ray. The increase in the scope of the periodic physical to include these exams may increase the ability of the exam to identify personnel with these defects who were not previously identified because their exams were waived. It may also be possible to reduce the severity of these conditions by their early identification and treatment.

The review of historical data to identify the leading causes why Naval Reserve personnel have been found unfit for duty is useful to improve the effectiveness of the periodic physical. Once identified, attempts can be made to target and reduce the prevalence of the primary reasons for disqualification. One way to possibly target these conditions is through their early diagnosis and treatment, or by the early identification and elimination of risk factors which could result in the development of these diseases. This could possibly be accomplished through the periodic physical examination process. If the prevalence of these medical conditions can be significantly reduced, costs could be cut by eliminating the necessity to train replacement personnel, fund the disease's medical treatment expense, or fund disability payments.

The assumption should NOT be made that any current periodic physical procedure that does not target the leading causes for disqualification is ineffective. It is possible that

<b>Examination Component Waived FNA</b>	<b>Medical Condition Tested for</b>
Pap Smear	Cervical Cancer
Mammogram	Breast Cancer
Stool Guaiac	Colon Cancer
Dental Examination	Multiple Dental Conditions
Dental X-Rays/Panographs	Dental Carries/Identification of Remains
Human Immunovirus (HIV) Test	HIV
Serology/RPR	Syphilis
Lipid Profile	Hyperlipidemia
Glucose 6 Phosphate (G6PD)/Sickle Cell	G6PD Deficiency/Sickle Cell Anemia
Electrocardiogram (EKG)	Cardiac Abnormalities
Chest X-Ray	Thoracic or Respiratory Abnormalities
Audiogram	Hearing Loss
Visual Acuity	Vision Defect
Refraction	Eyeglass Prescription
Tonometry	Glaucoma

Table 5.2: Examination Components Previously Waived FNA

the absence of high prevalence for a disease may indicate the effectiveness of an examination component. For instance, an examination component that detects disease in its early stage, when it can be successfully treated (before it becomes disqualifying), would be an effective examination component. A more comprehensive study and knowledge of disease prevalence and incidence in the Naval Force must be accomplished before conclusions of this nature can be reached. The Assistant Secretary of Defense, Health Affairs is currently establishing a method to collect existing physical examination epidemiological data for this purpose. [Ref. 8] Until this data can be collected and analyzed, it is probably prudent to continue the current practice of monitoring diseases that have been determined to be prevalent in the United States population.

#### **D. SUMMARY OF CHAPTER V**

Retrospective epidemiological data can be used to identify the reasons why personnel have been found unfit for duty. A review of the historical data from the PEB and CNRF identified the leading causes for personnel to have been found unfit for duty. These are orthopaedic back and knee injuries and psychiatric diagnoses. It may be possible to improve the periodic physical by targeting these causes and reducing their prevalence or severity. The examination components waived FNA in the past were reviewed to see if their accomplishment may be expected to improve the ability of the periodic exam to target the leading causes for personnel having been found unfit. The only examination components that were previously waived FNA that may have improved the periodic physical's ability to assess these areas are the lipid panel, EKG and chest x-ray.



## **VI. MEASURING THE NAVAL RESERVE PHYSICAL EXAMINATION DELIVERY ENVIRONMENT**

The delivery environment for physical examinations in the Naval Reserve was described in detail in Chapter II. This chapter provides additional information about the delivery environment by measuring two important delivery environment characteristics, the distance to DoD and VA medical facilities and the demographics of the patient population. A survey entitled, "The 1995 Naval Reserve Physical Examination Survey," Appendix A, was used to measure these characteristics. This survey collected data from 199 Naval Reserve facilities about their patient population and the methods they use to deliver periodic physical examinations.

### **A. DISTANCE TO DOD AND VA MEDICAL FACILITIES**

Determining the distance between Naval Reserve facilities and DoD or VA medical facilities is important because the distance to these facilities was the main reason FNA waivers were authorized in the past. Many Naval Reserve facilities were considered to be geographically remote from DoD medical care. The survey also measures the distance to VA medical facilities, because an opportunity might exist for the Naval Reserve to use these facilities at reduced costs to conduct physical examinations. Several Naval Reserve facilities have been obtaining examination components or facilities from the VA at cost. If VA medical facilities are located close to Naval Reserve facilities then they may be a good source of physical examinations for the Naval Reserve.

The survey asked Naval Reserve facilities to identify the Military Treatment Facility (MTF), VA Medical Facility, and Military Entrance Processing Station (MEPS) closest to them. MEPS stations are DoD medical facilities that perform accession physicals. The Naval Reserve facilities were also asked to identify the "one-way driving distance" to these facilities and to name the service of the closest MTF. The specific responses given by each of the 199 Naval Reserve facilities surveyed are contained in Part

C of the survey entitled, "Geographic Medical Facility Information." [Appendix A] The MTFs identified were all military clinics or hospitals.

Figure 6.1, Distance to DoD and VA Medical Facilities, shows the number of facilities that reported MTF, VA, and MEPS facilities within 60 and 40 miles. Facilities within 60 miles were graphed because this was assumed to represent a reasonable commuting distance. Because such a large percentage of Naval Reserve facilities also had a DoD or VA medical facility within 40 miles, this distance was also graphed. Of the Naval Reserve facilities reporting, 52 percent reported that they had a MTF within 60 miles, 43 percent had a MTF within 40 miles, 82 percent had a VA medical facility within 60 miles, 72 percent had a VA within 40 miles, 52 percent had a MEPS within 60 miles and 42 percent had a MEPS within 40 miles.

Figure 6.2, Naval Reserve Facility Distance to DoD or VA Medical Facilities, shows that of the 199 facilities surveyed 87 percent had a DoD or VA facility within 60 miles. Of this 87 percent, 93 percent had a facility within 40 miles. (This is illustrated by the smaller graph.)

Figure 6.3, Naval Reserve Facility Distance to DoD Medical Facilities, shows that 65 percent of the 199 facilities surveyed had a DoD Medical facility within 60 miles and 73 percent had one within 80 miles. The distance from Naval Reserve facilities to DoD facilities is probably a more meaningful statistic than the distance to DoD or VA facilities shown in Figure 6.2. This is because there is no established agreement with the VA to provide physical examinations. (However, some reserve activities have established local agreements.) The fact that 73 percent of facilities did identify a DoD facility within 80 miles is higher than I anticipated. From my prior experience as a REDCOM Medical Training Officer (MTO) and from the interviews conducted as part of this research I was under the impression that Naval Reserve facilities were more remote from DoD medical facilities. It should be pointed out however that the closest DoD facilities are not necessarily those being used to conduct physical examinations.

It should also be noted that the accuracy of this research depends on the ability of Naval Reserve facilities to correctly identify the DoD and VA medical facilities closest to

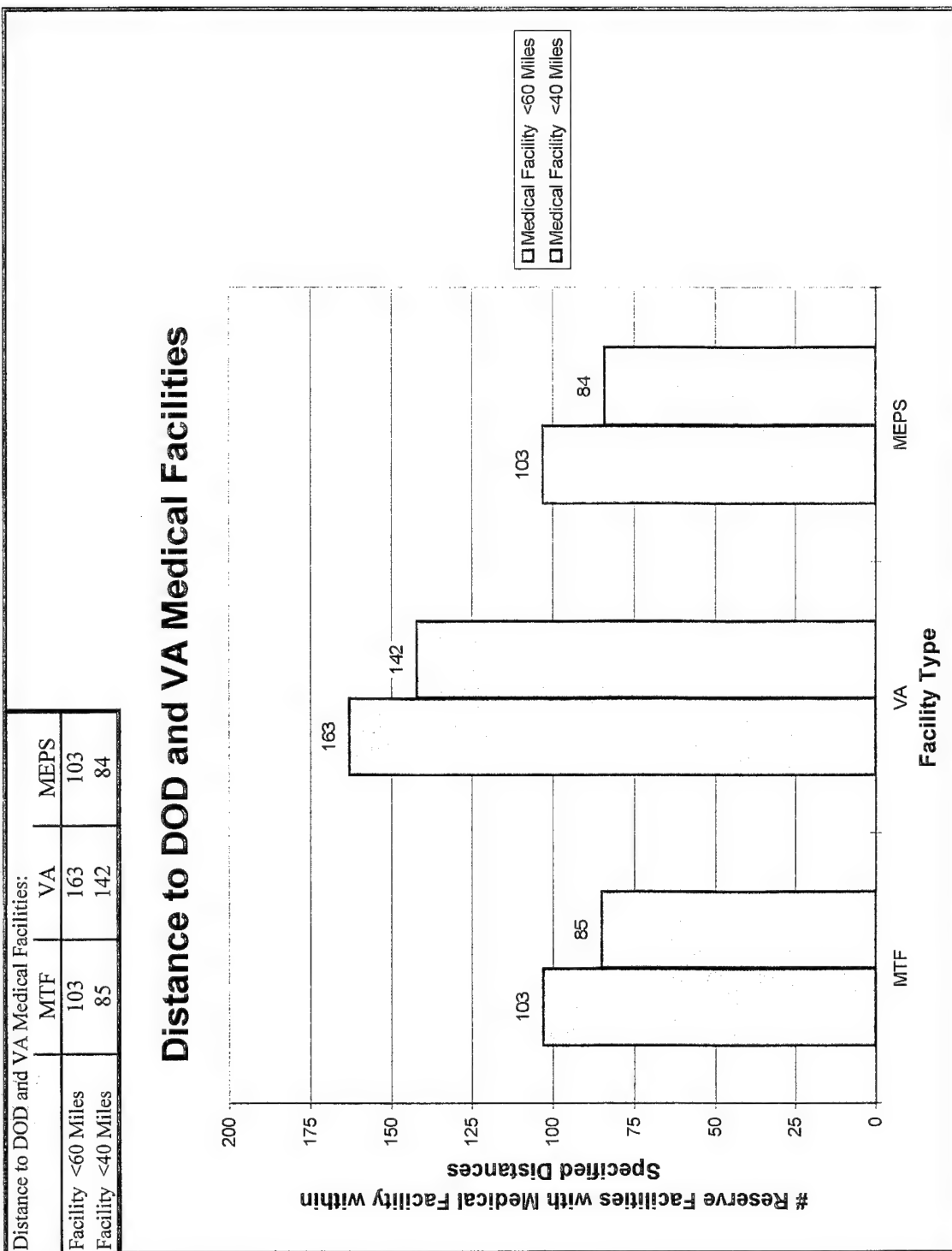


Figure 6.1: Distance to DoD and VA Medical Facilities

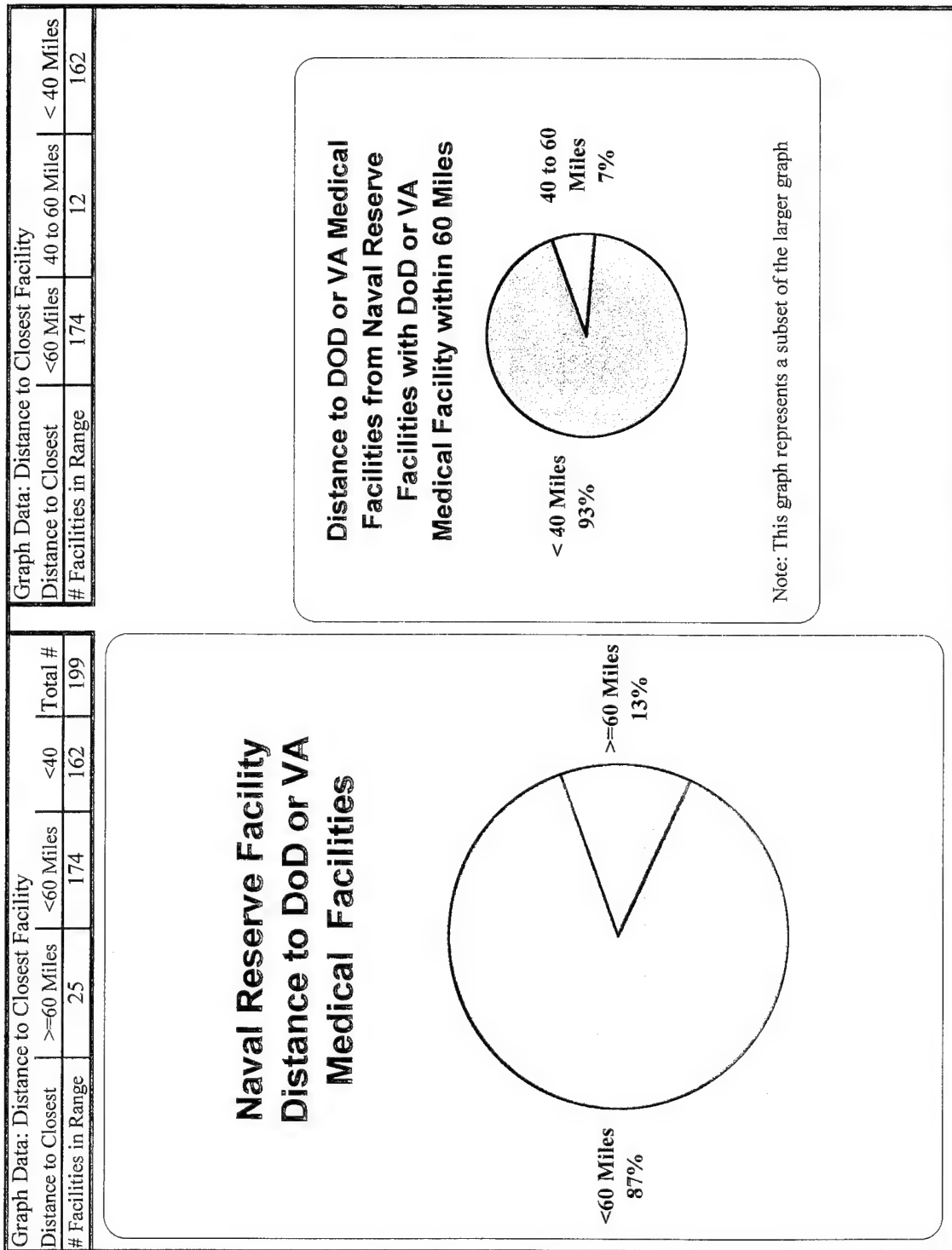


Figure 6.2: Naval Reserve Facility Distance to DoD or VA Medical Facilities



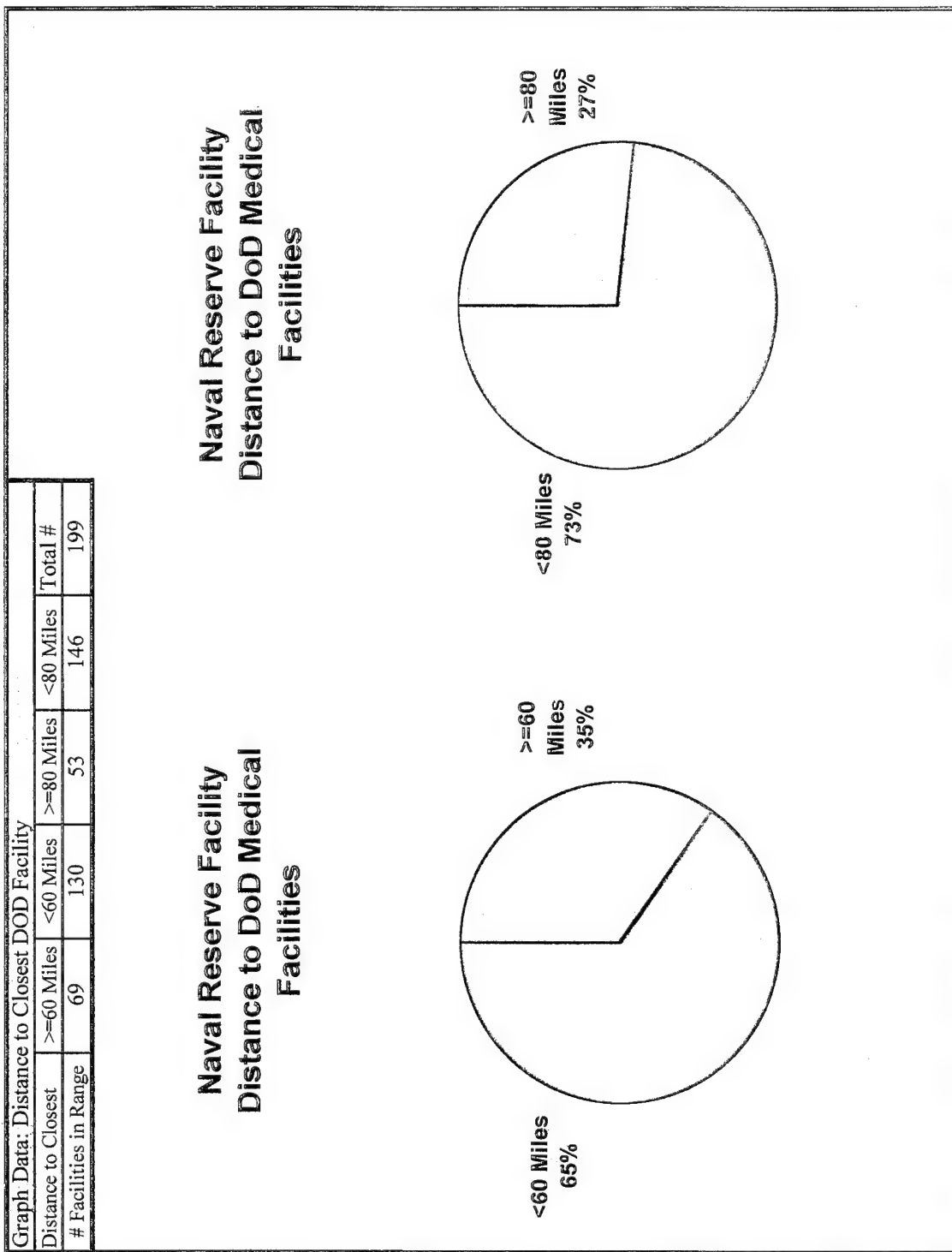


Figure 6.3: Naval Reserve Facility Distance to DoD Medical Facilities

them. Naval Reserve facilities are probably more likely to be able to identify Naval MTFs in their areas. Of the 199 MTFs identified to be closest to Naval Reserve facilities, 111 (56 percent) of them were Naval MTFs. It would be useful to validate the responses of the Naval Reserve facilities to this part of the survey. If it is found that Naval Reserve facilities cannot properly identify the closest DoD medical facilities to them, then it is likely that they may be traveling further than necessary to accomplish their physical examinations.

The new DoD Regional Tricare Lead Agent offices may be able to help Naval Reserve facilities to identify and gain access to the DoD medical facilities that are closest to them. The Lead Agents are tasked to integrate DoD medical functions in their regions. Using these offices to identify and gain access to DoD facilities may also be a good strategy for the Naval Reserve. Currently MTFs are funded by DoD using a full time equivalent (FTE) estimate of the number of eligible beneficiaries in their areas plus a "base" estimate that is unique to each MTF. This funding process is called capitation. Reservists are included in the "base" estimate for each facility. Since reservists are not specifically identified in the FTE calculation like other beneficiaries, MTFs may get the mistaken impression that they are not funded to care for reservists. The lead agents control the funding for DoD care (using capitation) in their regions. Using the lead agents to identify and gain access to local DoD facilities may help to make the medical needs of reserve patients more visible to the system that finances the MTFs. Since this issue is not related to the impact of FNA waiver elimination this thesis does not further explore this issue.

## **B. MEASURING THE PATIENT POPULATION**

This section examines the patient population for physical examinations for Naval Reserve facilities. The data explained in this section can be found in Part B, "Reserve Population Information," and Part D, "Historical Physical Exam Data" of the survey. [Appendix A] Specifically, this section examines the population size of Naval Reserve

facilities, the volume and type of physicals delivered to their personnel, who they delivered periodic physical examinations to, and the age and sex of the population to which periodic physical examinations were delivered. These measures are important to determine in order to understand the size and characteristics of the patient population affected by the elimination of FNA waivers.

### **1. Patient Population Size and Distribution**

The size and location of the population that requires examinations are important factors to assess in order to measure the impact of FNA waiver elimination. For one thing, the larger the size of the population that requires the exams previously waived, the bigger the impact of FNA waiver elimination. Population size must be determined in order to estimate the incremental cost of eliminating FNA waivers and to determine the frequency of medical defects found during the new exams.

For most of the survey questions discussed in this section of this thesis, the Naval Reserve facilities were asked to report on the number of personnel assigned to their facilities upon whom examinations were performed. This means that the facilities were not asked to report the number of exams *they* performed, but the number of exams performed on their personnel. The survey questions were intentionally posed in this manner since many Naval Reserve facilities now get their examinations done at other facilities. Counting physical examinations in this manner permits a more accurate measurement of the entire Naval Reserve population that must be provided examinations.

The physical examination survey asked Naval Reserve facilities to identify the number of reserve personnel (SELRES and SELRES VTU) attached to their facilities and the number of other personnel for whom they provide periodic physical examinations. The results of these questions are shown in Figure 6.4, FY95 Naval Reserve Facility Periodic Physical Examination Population. This figure shows that the primary group to which Naval Reserve facilities must deliver periodic examinations is the SELRES and SELRES VTU. The second largest group served was the active duty military staff of the Naval

Personnel Provided Periodic Physicals:	
SELRES	80492
VTU SELRES	4216
Military Staff	10317
Local USN	5583
Other	3454
Total	104062

### FY95 Naval Reserve Facility Periodic Physical Examination Population

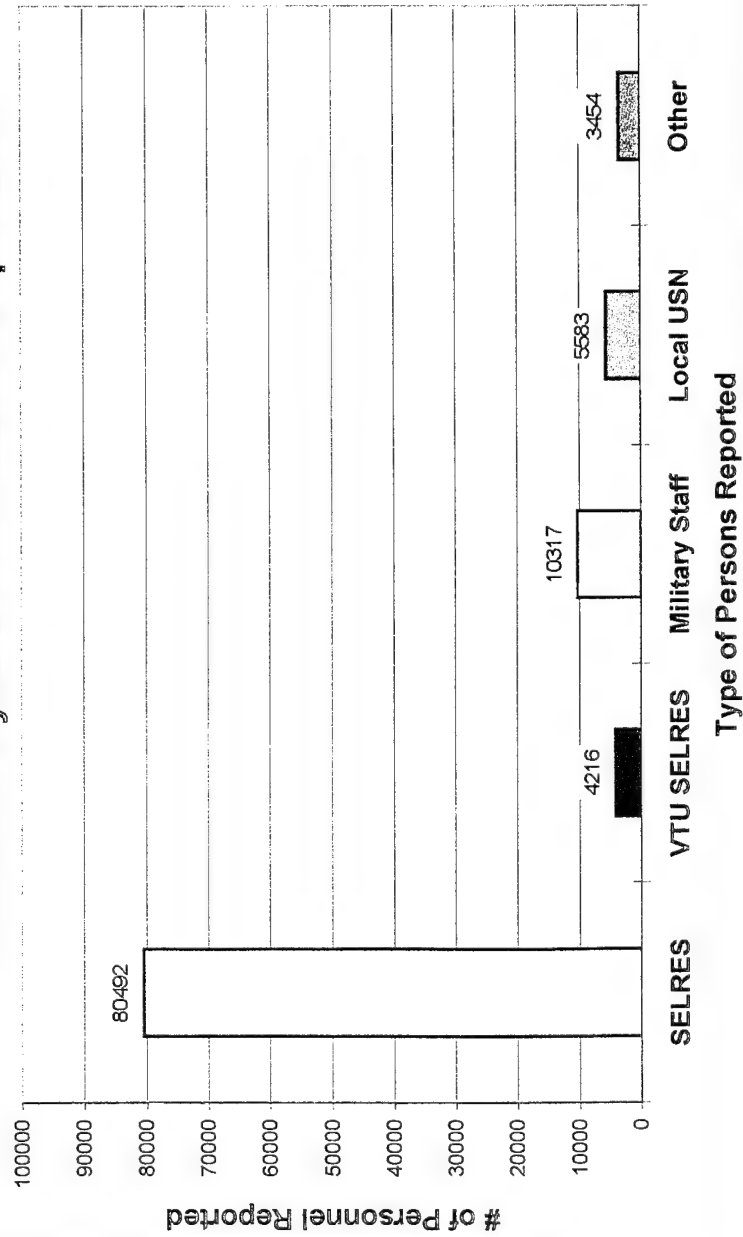


Figure 6.4: FY95 Naval Reserve Facility Periodic Physical Examination Population

Reserve facilities and the third largest group was composed of other local Naval personnel. The smallest group called "other" was composed of various groups of individuals like the Individual Ready Reserve (IRR), students from the Health Sciences Education and Training Command (HSETC) and USMCR personnel.

Figure 6.5, Facility Population for SELRES & VTU November 1995, measures the population size of Naval Reserve facilities. This was accomplished by counting the number of SELRES (including VTU) that they reported being assigned to their facility. The facilities were then separated into groups according to their population size. For instance, 68 facilities out of 199 reported having fewer than 200 SELRES personnel assigned. Since periodic physicals are due every five years, these 68 facilities have a periodic physical exam rate of approximately 40 periodic physicals per year. (This is a crude approximation since some personnel may not stay in the reserves for five years and personnel over age 50 are due for periodic exams every two years.) An estimate of 40 periodic physical exams per year is not a high volume of exams. This workload could easily be accomplished by an MTF in two to three work days (excluding laboratory turn around times). In fact, 72 percent of the facilities reported having fewer than 500 SELRES personnel attached, which translates to a crude estimate of 100 periodic examinations due yearly.

Figure 6.6, SELRES & VTU Population by Facility Size November 1995, provides additional information about the distribution of SELRES personnel. Whereas Figure 6.5 showed that the majority of Naval Reserve facilities have small SELRES populations, Figure 6.6 shows that the majority of SELRES personnel are attached to the larger Naval Reserve Facilities. In fact, 69.5 percent of SELRES personnel are assigned to Naval Reserve facilities with more than 500 SELRES personnel. Figure 6.7, Percentage of SELRES and VTU Population by Facility Size November 1995, provides another graphical representation of this phenomenon.

Figure 6.8, Frequency: Total Number of Examinations Reported by Facilities FY95, shows the frequency distribution of the total number of physical examinations provided to personnel assigned to Naval Reserve facilities for FY95. For instance, 31

Graph Table: Facility Population for SELRES (including SELRES VTU)

# SELRES	<200	<300	<400	<500	<700	<1000	>1000
# Facilities	68	39	20	18	25	13	16
Percentages	34%	20%	10%	9%	13%	7%	8%

### Facility Population for SELRES & VTU November 1995

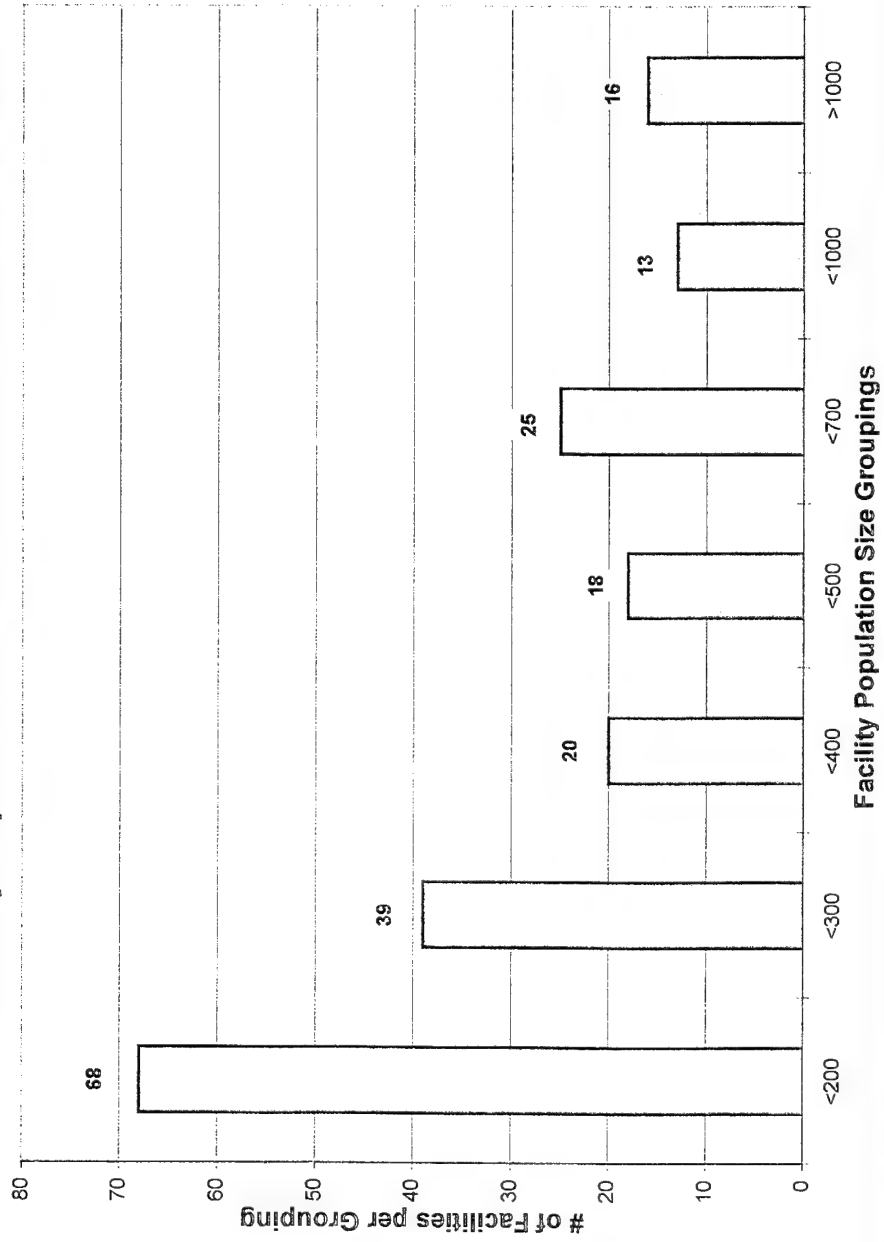


Figure 6.5: Facility Population for SELRES & VTU November 1995

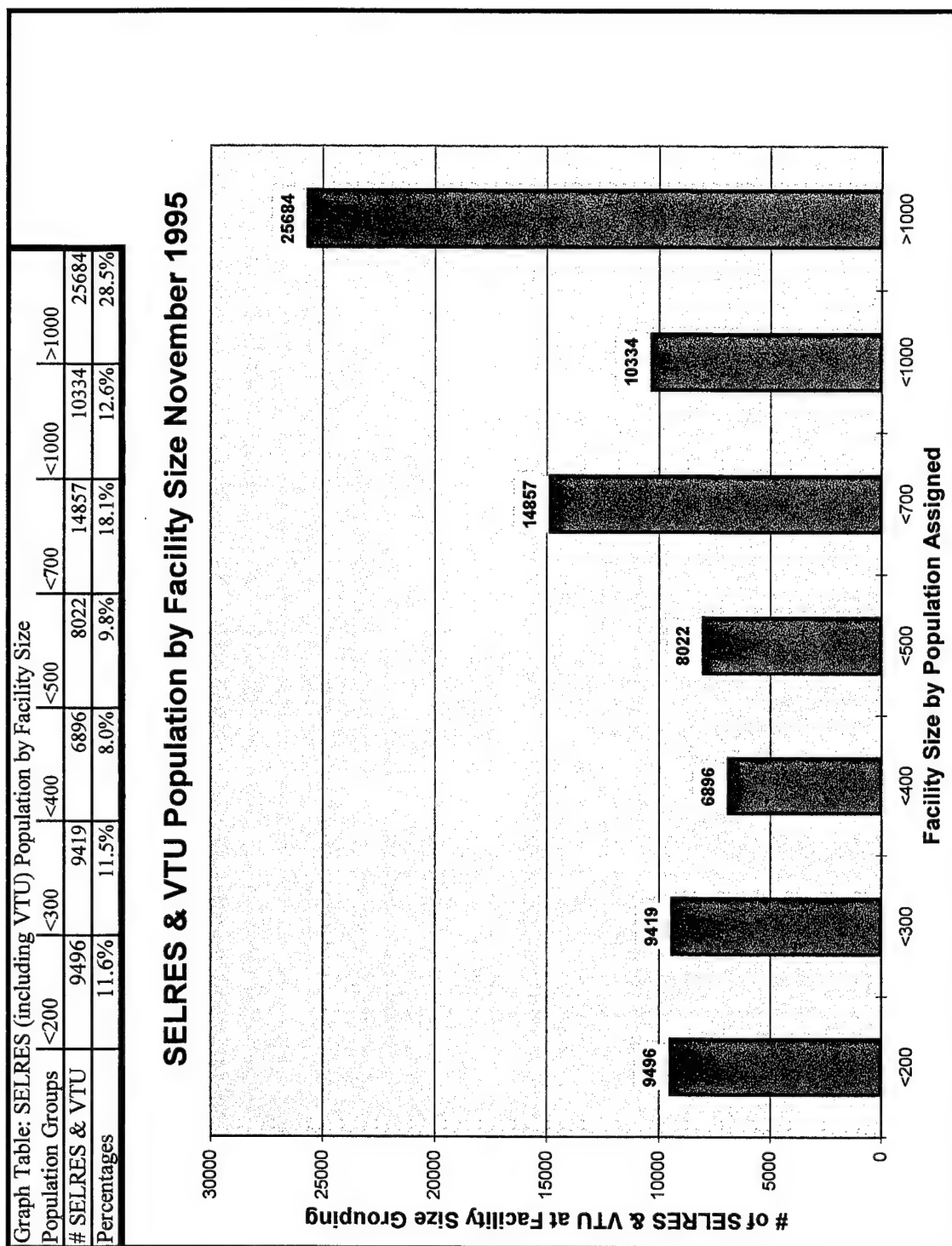


Figure 6.6: SELRES & VTU Population by Facility Size November 1995

Graph Table

Population Groups	<200	<300	<400	<500	<700	<1000	>1000
# SELRES & VTU	9526	9419	6596	8022	14857	10334	23417
Percentages	11.6%	11.5%	8.0%	9.8%	18.1%	12.6%	28.5%

# **Percentage of SELRES and VTU Population by Facility Size Size November 1995**

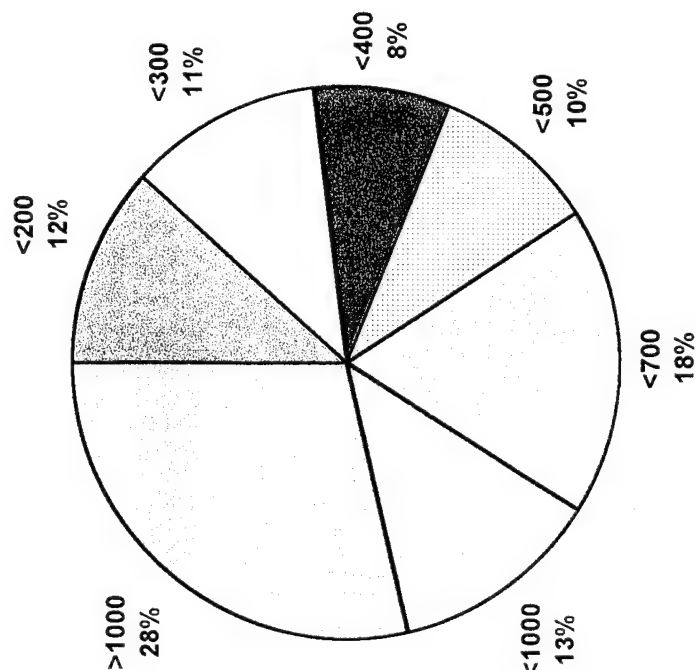


Figure 6.7: Percentage of SELRES and VTU Population by Facility Size  
November 1995



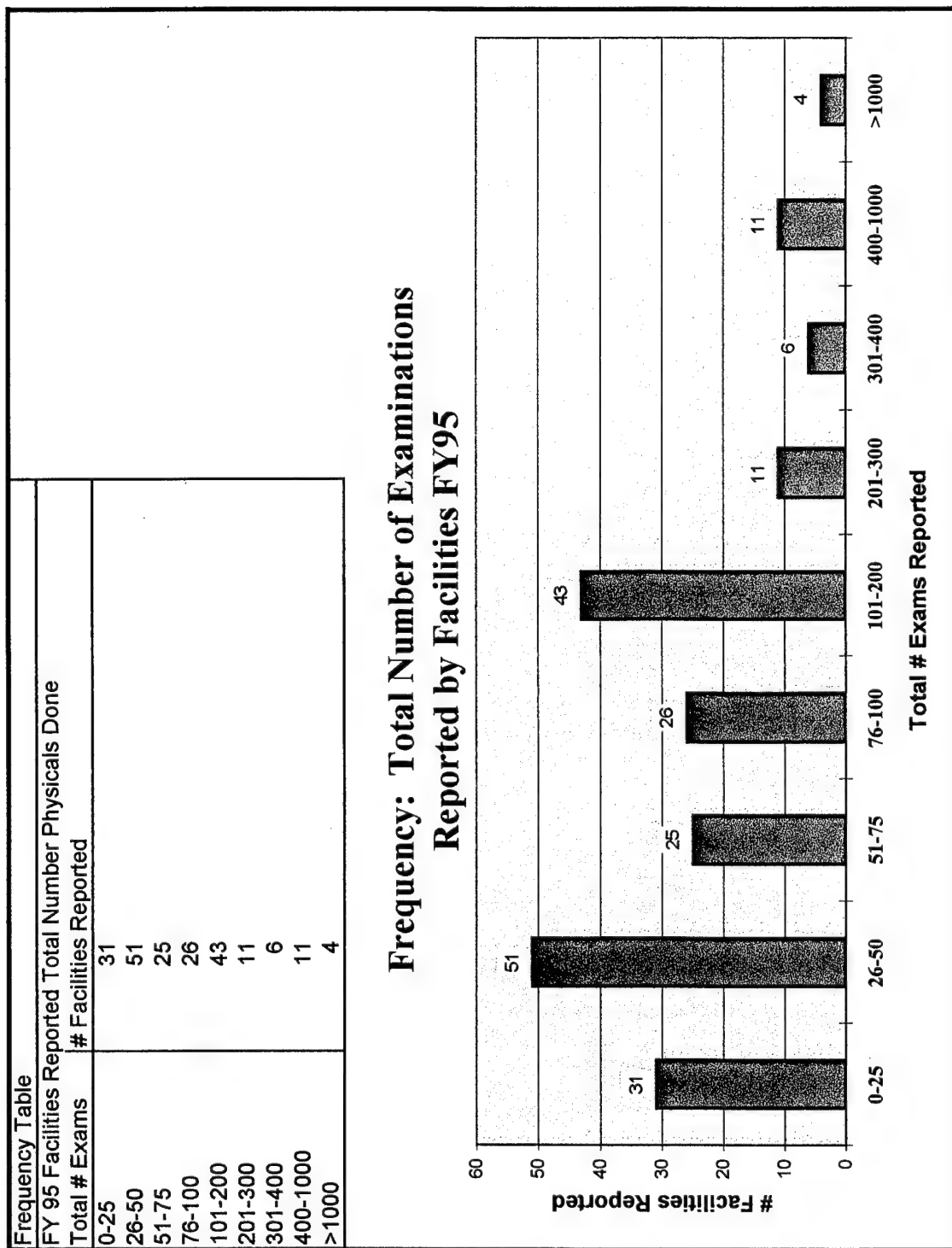


Figure 6.8: Frequency: Total Number of Examinations Reported by Facilities FY95

facilities reported that “zero to twenty-five” examinations were performed on the personnel attached to their facilities in FY95. These statistics show that 67 percent of Naval Reserve facilities reported fewer than 100 physical examinations (of all types) were performed on their personnel in FY95.

Figure 6.9, Frequency: Number of Periodic Examinations Reported FY95, shows the frequency distribution for the number of periodic physical examinations provided to personnel assigned to Naval Reserve facilities for FY95. For instance, 72 facilities reported that “zero to twenty-five” periodic physical examinations were performed on the personnel attached to their facilities in FY95. These statistics show that 82 percent of Naval Reserve facilities reported fewer than 100 periodic physical examinations were performed on their personnel in FY95.

Figure 6.10, Physicals Performed by Type FY95, shows the number and relative frequency of the types of examinations performed on personnel assigned to Naval Reserve facilities. For instance, 50 percent of the physical examinations reported done on personnel assigned to Naval Reserve facilities in FY95 were periodic physical examinations, 23 percent were accession physicals and 23 percent were special purpose exams. Special purpose examinations mainly included aviation, dive and explosive handler physicals.

In Figure 6.10 the Naval Reserve facilities indicated that 8,234 accession physicals were done. This is interesting since it is the mission of MEPS facilities to provide entrance examinations. The survey also measured the way in which periodic physical examinations were delivered. (This will be covered in the next chapter.) It was interesting to note that although not specifically queried by the survey, many facilities reported that they were obtaining accession physicals from sources other than the source they used for periodic examinations. Many facilities reported that they purchase accession physicals because they feel pressured by Naval Reserve recruiters to provide these examinations more quickly than they can be obtained from MEPS or from the source they use for periodic examinations. If a way could be found to satisfy recruiting demands with the

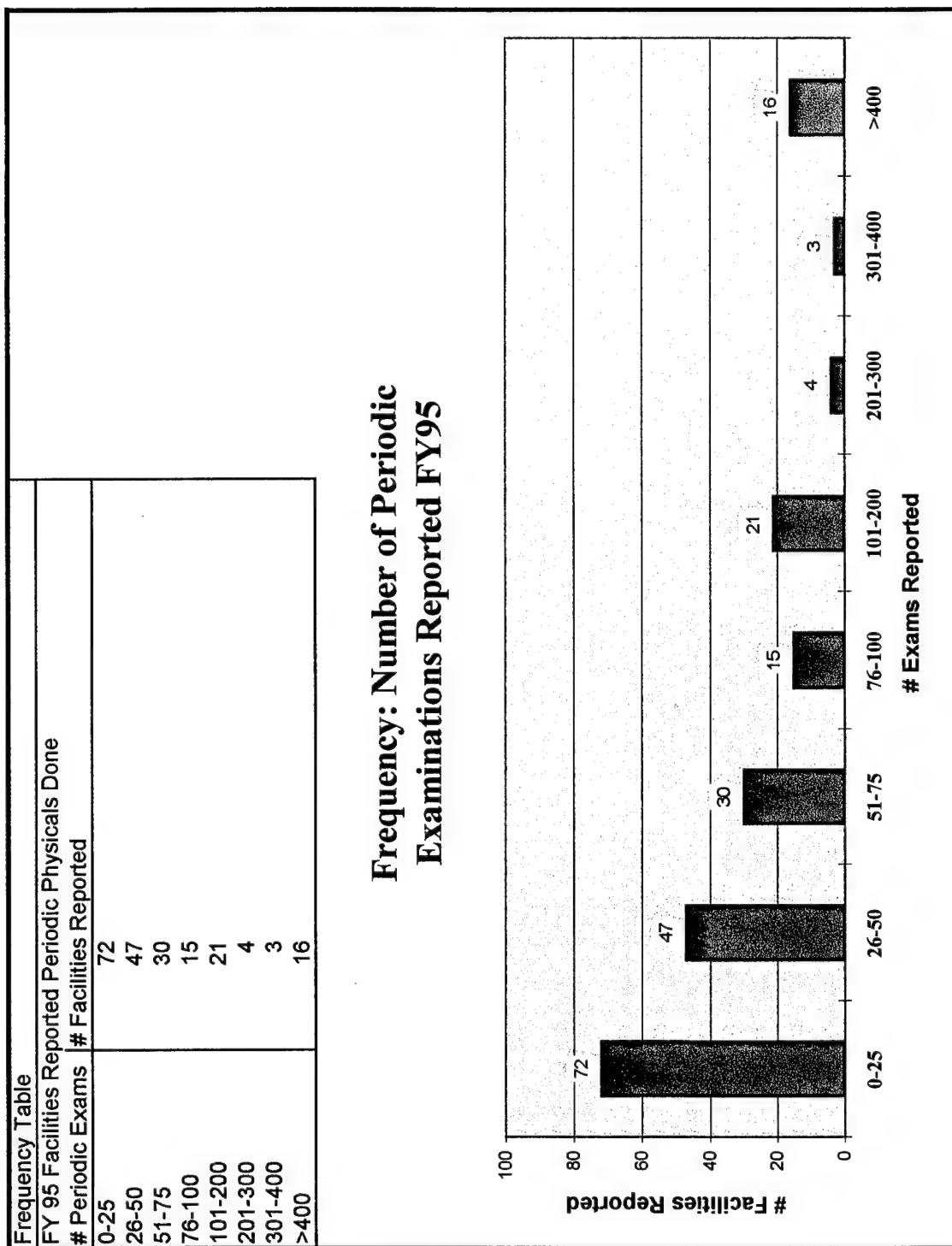


Figure 6.9: Frequency: Number of Periodic Examinations Reported FY95

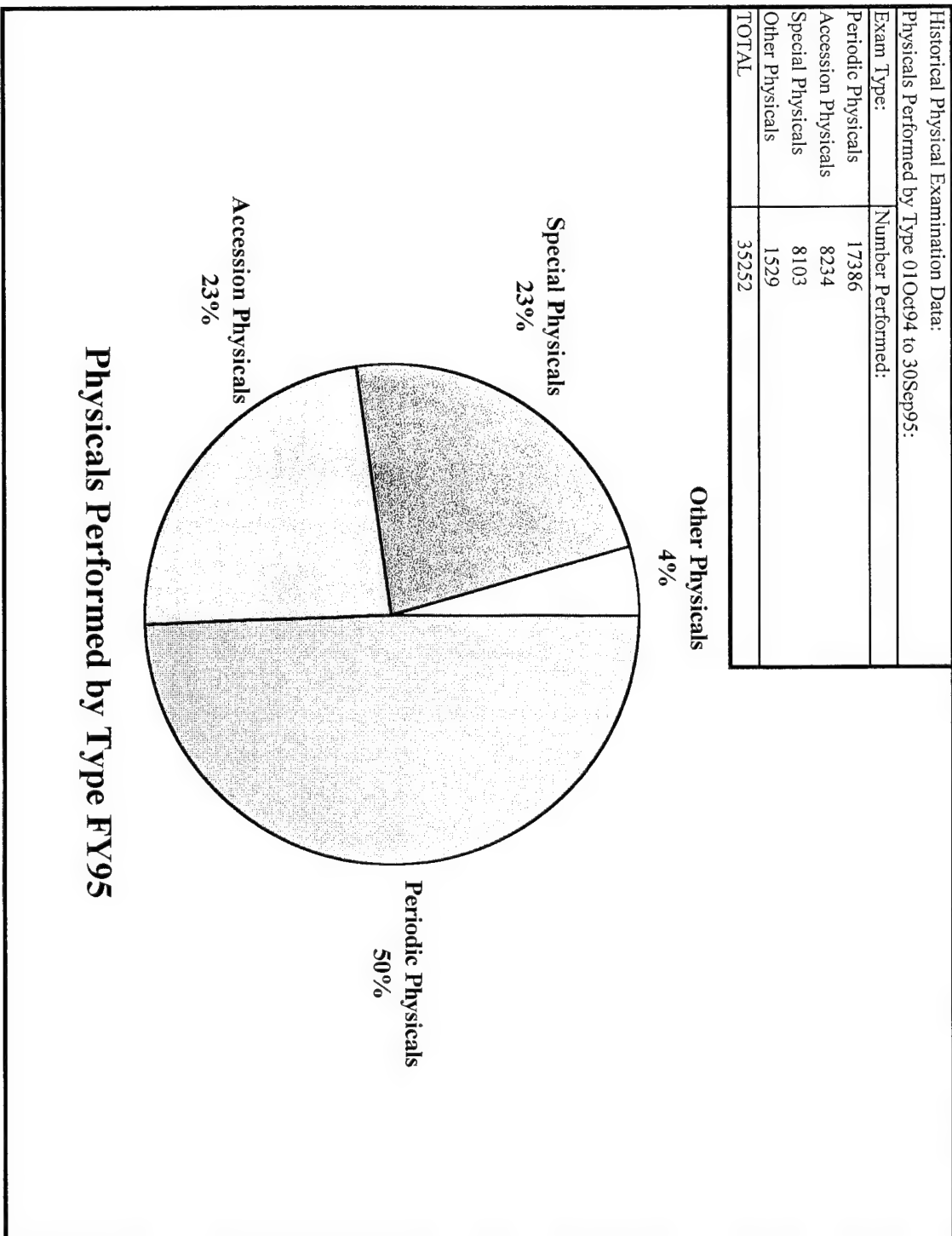


Figure 6.10: Physicals Performed by Type FY95

services of MEPS (perhaps by reducing the turn around time of MEPS), substantial physical examination costs reductions could be achieved. This topic merits further study.

Figure 6.11, Periodic Physicals by Sex/Age Group FY95, shows the number and relative frequency of the age and sex groups upon which periodic physical examinations were performed in FY95. These numbers are extremely important because examination components required by the periodic physical examination differ for these age and sex groups. Specifically, women over age 40 require mammograms, and men and women over 40 require stool guaiac, tonometry and EKG. Women also require pap smears for their periodic examinations. The number of periodic physicals performed on specific age and sex groups will be used in the following chapters to estimate the incremental costs for the elimination of FNA exams that are only required for specific age and sex groups. This data will also be used to estimate the number of new exams performed for personnel at facilities which previously waived these exams.

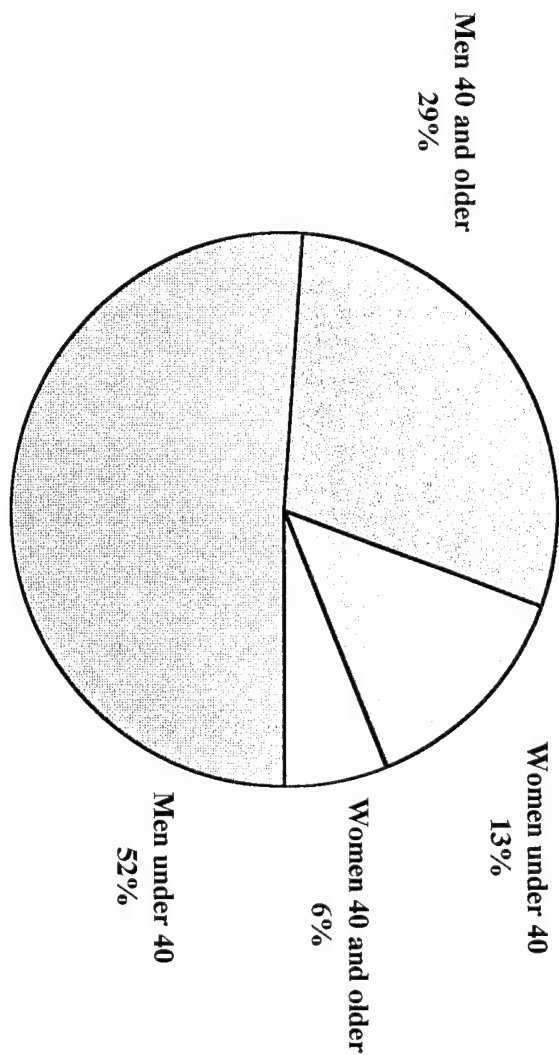
### **C. CONCLUSIONS AND RECOMMENDATIONS**

Most Naval Reserve facilities (65 percent) have a DoD medical facility within a reasonable commuting distance (60 miles). If national access to the Veterans Administration for examinations could be negotiated, then 87 percent of Naval Reserve facilities would have a medical facility available within 60 miles. Seventy-three percent of Naval Reserve facilities surveyed were able to name a DoD medical facility within 80 miles. Some Naval Reserve facilities are remote to DoD medical care and this could make physical examination delivery more difficult for these facilities.

The use of the Tricare Regional Lead Agent offices to identify and gain access to DoD medical facilities for Naval Reserve physical examinations should be investigated. These offices have regional oversight responsibility within the nation to coordinate the delivery of DoD medical care. Therefore, they should have a better knowledge of local DoD medical capabilities than the Naval Reserve.

Historical Physical Examination Data:	
Physicals Performed by Type 01Oct94 to 30Sep95:	
Sex/Age Group:	Number Performed:
Women under 40	2236
Women 40 and older	1035
Men under 40	8521
Men 40 and older	4930
TOTAL	16722

Note: 17,386 periodic physicals were done in FY95. Breakdown of all periodic physicals not received.



**Periodic Physicals by Sex/Age Group  
FY95**

Figure 6.11: Periodic Physicals by Sex/Age Group FY95

Although most Naval Reserve facilities have small populations, most of the population is assigned to the larger Naval Reserve Facilities. This may be an important factor to consider when designing methods to deliver physical examinations. Facilities with small annual physical examination volumes may be able to deliver their physical examinations more efficiently if they can do them all in one or two drill weekends a year. Establishing and operating a physical examination process every drill weekend for one or two physical examinations is probably not a cost efficient method of examination delivery. It may also be possible for reserve facilities to improve their access to local MTFs, if they can demonstrate to the MTF that they have an efficient plan to accomplish their physicals. Most of the Naval Reserve facilities (67 percent) reported doing fewer than 100 physical examinations in FY95. It would not be very efficient for an MTF to open the doors of its physical examination facilities every drill weekend to accomplish this small volume of examinations. Naval Reserve facilities should therefore consider the annual volume of examinations that they need to accomplish when developing their physical examination plans.

Periodic physical examinations were the largest group (by type) of physical examinations reported done in FY95. The second largest group of examinations reported were accession physicals. The high volume of Naval Reserve accession physicals not being performed at MEPS should be explored. If the efficiency of MEPS in delivering Naval Reserve physical examinations is determined to be the reason why recruiting does not like to use MEPS, then solving this efficiency problem could result in substantial cost savings. Further research in this area is strongly recommended.

The number of periodic examinations performed on specific age/sex groups depicted in Figure 6.11 will be used in later chapters to estimate the FY95 volume of examination components performed (that were previously waived). These volumes will be used to estimate the incremental cost of FNA waiver elimination and to interpret the significance of the medical defects found in FY95 for examination components that were previously waived.





## **VII. THE IMPACT OF THE ELIMINATION OF FNA WAIVERS ON PERIODIC PHYSICAL EXAMINATION DELIVERY**

The purpose of this chapter is to evaluate the impact of the elimination of FNA waivers on the methods used to deliver periodic physical examinations in the Naval Reserve. “The 1995 Naval Reserve Physical Examination Survey,” Appendix A, was used to perform this evaluation. The survey collected data from 198 Naval Reserve facilities about their periodic physical examination delivery methods. (One of the 199 facilities surveyed was excused from this part of the survey.)

This chapter begins by measuring how widely FNA waivers were used when they were authorized. Next, the change in periodic physical examination delivery methods caused by the elimination of FNA waivers is explained. Finally, this chapter measures how fully the Naval Reserve has been able to accomplish the elimination of FNA waivers.

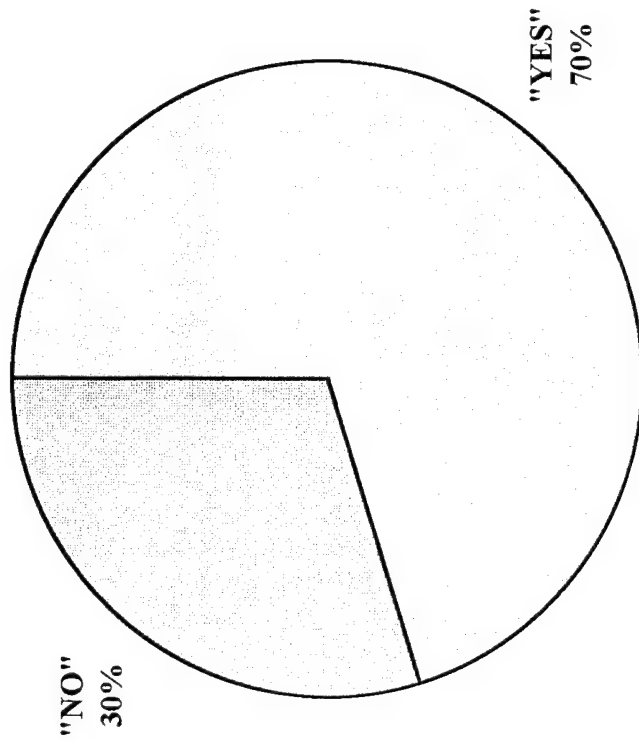
### **A. THE FREQUENCY OF FNA WAIVER USE (WHEN AUTHORIZED)**

It is important to determine how widely FNA waivers were used by Naval Reserve facilities in the past. The more widely they were used, the more their elimination would have impacted physical examination delivery. The past use of FNA waivers has been measured by two studies: “The 1995 Naval Reserve Physical Examination Survey,” Appendix A, and by the 1992 Medical Readiness Task Force. [Ref. 7]

Figure 7.1, Facilities That Used FNA Waivers in the Past, illustrates the number of Naval Reserve facilities that reported using FNA waivers in the past in the 1995 physical examination survey. [Appendix A, Part E] Of the 198 facilities survey, 70 percent (135 facilities) reported that they used FNA waivers in the past.

In 1992, a Medical Readiness Task Force reviewed the medical records of ten Naval Reserve facilities to determine how widespread the use of FNA waivers was in the Naval Reserve. [Ref. 7] These ten facilities were selected because the task force believed that the results from these facilities would be representative of the results for the entire

Historical Physical Exam Data: FNA Waiver Period Facilities That Reported Use of FNA Waiver	
Used FNA	# Facilities Reporting
"YES"	135
"NO"	63
TOTAL	198



**Facilities That Used FNA Waivers in the Past**

Figure 7.1: Facilities That Used FNA Waivers in the Past

Naval Surface Reserve Force. [Ref. 3] The 1992 study included facilities that were remote to DoD medical care facilities and facilities which were not remote. The 1992 Task Force found that 74.5 percent of the physical examinations they reviewed contained at least one examination component waived FNA. Since some part of the examination had been waived, the Naval Reserve could not really be sure that these personnel were fit.

## **B. THE CHANGE IN PERIODIC PHYSICAL EXAMINATION DELIVERY METHODS CAUSED BY FNA WAIVER ELIMINATION**

This section begins by explaining the methods used by "The 1995 Naval Reserve Physical Examination Survey" to measure the delivery of periodic physical examinations in the Naval Reserve. The methods used to deliver periodic physical examinations when FNA waivers were authorized are then compared with the methods used now that FNA waivers have been eliminated. Finally, the number of Naval Reserve facilities which have changed their physical examination delivery methods due to the elimination of FNA waivers are discussed.

### **1. The Methods Used to Measure Physical Exam Delivery Methods**

The methodology used by "The 1995 Naval Reserve Physical Examination Survey" to measure the delivery of periodic physicals is illustrated by the Physical Examination Survey Flowchart contained in Appendix B, Physical Examination Survey Model Description. This flowchart depicts the rationale behind the design of the questions used to determine periodic physical examination delivery methods before and after FNA waiver elimination. Parts D and E of the survey were used to assess these delivery methods.

The survey broke down the delivery methods used by reserve facilities into three categories based on where their periodic examinations were performed. This

breakdown was performed by survey questions 27a-c and 37a-c. These questions asked the Naval Reserve facilities to select the general delivery method (a, b, or c) that they used to deliver periodic physicals examinations. The general delivery methods they had to choose from were:

- a. The entire physical examination was performed in our reserve facility. (No services were purchased.)
- b. Part of physical examination was being performed in our reserve facility, parts were sent out or purchased.
- c. The entire physical examination was being obtained from another facility.

After the survey identified the general delivery method a Naval Reserve facility used, the survey then asked specific questions about the delivery method they used. For instance, survey users who indicated they used the delivery "method c" were then asked to name the facility used, its service (if DoD), its distance and its cost.

One of the goals of FNA waiver elimination was to shift the delivery of physical examinations from reserve facilities (method a) to medical facilities (method c). The delivery method breakdown used to measure periodic physical examination delivery was designed to assess the accomplishment of this goal. The survey asked users to identify the method they used to deliver periodic physical examinations *when FNA waivers were authorized* and *after FNA waivers were eliminated*. The survey then asked the facilities which indicated that they had changed their delivery method, whether or not they had changed their method because of FNA waiver elimination.

Delivery "method b" includes a wide assortment of physical examination delivery configurations. The specific delivery configuration used by each facility using "method b" can be viewed in detail in Parts E-Mix and D-Mix of Appendix A. Reserve facilities who borrowed the physical examination facilities they used to conduct

examinations are also included in this category because they had obtained their medical examination facilities from an outside source.

## **2. The Methods Used to Deliver Periodic Physical Examinations**

Figure 7.2, Physical Examination Accomplishment: FNA Waiver & Post FNA Waiver Periods shows the number of facilities that reported using each of the general delivery methods before and after FNA waiver elimination. The labels used for the physical examination (PE) delivery methods depicted by this graph are, "Whole PE Done In-House" (method a), "Part In/Part Out" (method b) and "Whole PE Done Out" (method c). This graph shows that the number of facilities that conducted the periodic physical examinations in-house decreased after FNA waivers were eliminated. In the FNA waiver period, 74 facilities conducted the periodic physical in-house whereas only 20 facilities used this method in November of 1995.

The number of reserve facilities who reported that they obtained the entire physical from other facilities and those who obtained part of the physical from other facilities increased from 29 to 46 percent after FNA waiver elimination. These trends are also illustrated in Figure 7.3, Physical Examination Accomplishment Post FNA Waiver Period. (The small graph insert in this graph depicts the delivery methods used in the FNA waiver period.) This figure shows that the number of facilities that performed the whole periodic physical themselves (and waived those sections they could not perform) had decreased from 38 percent in the FNA waiver period to 10 percent in November of 1995.

Figure 7.4, Physical Exam Accomplishment FNA Waiver Period & Post FNA Waiver Period examines the methods used to deliver period physical exams from a slightly different perspective. In this figure the facilities which performed at least part of the examinations themselves are compared to those which obtained the entire physical from external sources. This graph shows that 33 facilities succeeded in getting physical examination delivery moved entirely out of their facilities after FNA waivers were eliminated.

Physical Examination Accomplishment FNA Waiver & Post FNA Waiver Periods:		
Number Using Method	FNA Period	November 1995
Whole PE Done In-House:	74	20
Part In/ Part Out:	66	88
Whole PE Done Out:	58	90
TOTAL	198	198

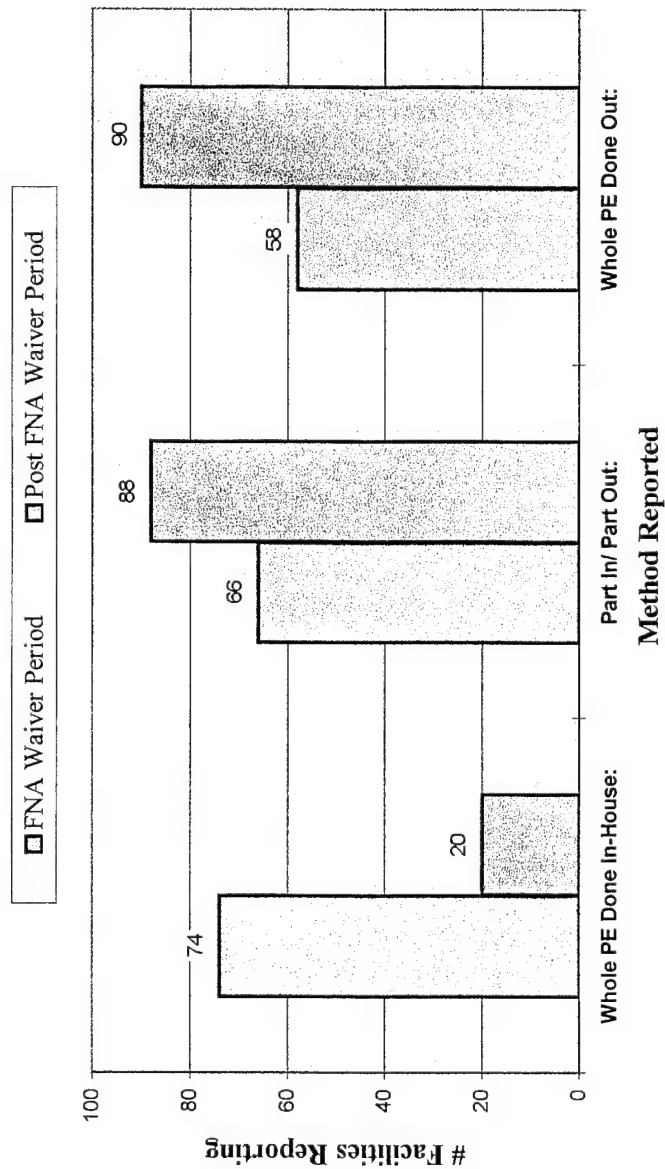


Figure 7.2: Physical Examination Accomplishment: FNA Waiver & Post FNA Waiver Periods

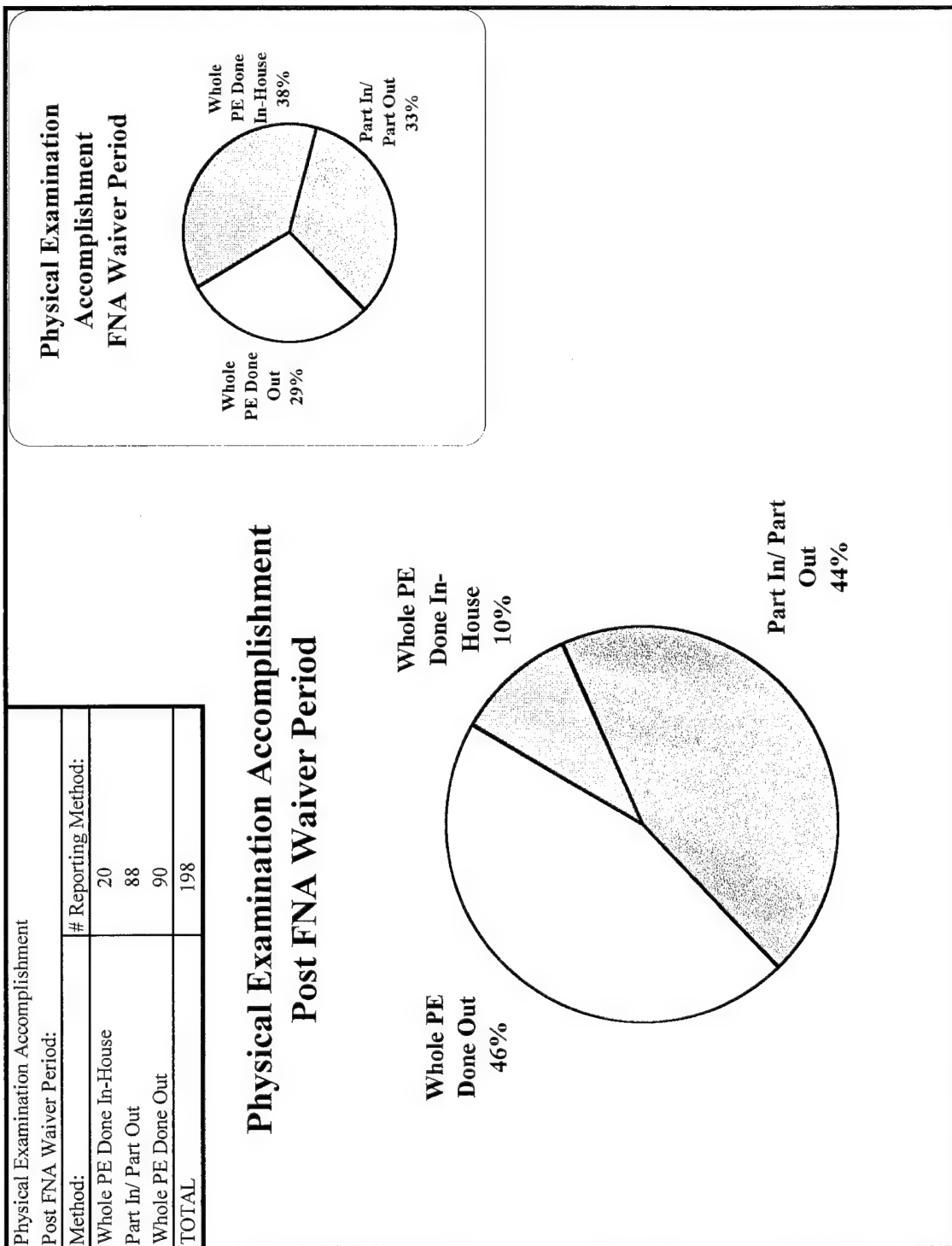
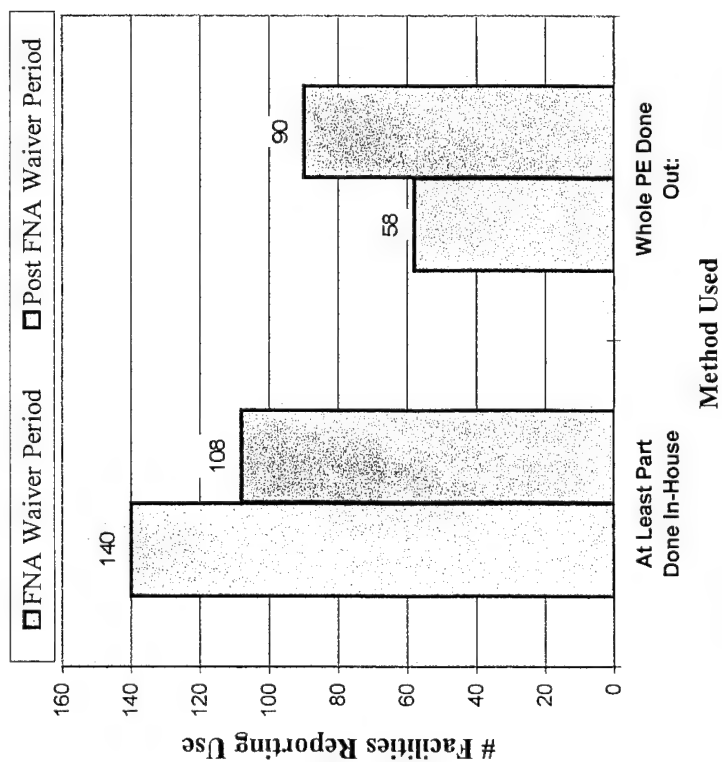


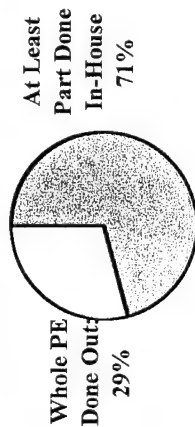
Figure 7.3: Physical Examination Accomplishment Post FNA Waiver Period

Physical Examination Accomplishment		
FNA Waiver Period & Post FNA Waiver Period:		
Method:	# in FNA Period	# Now
At Least Part Done In-House	140	108
Whole PE Done Out:	58	90
TOTAL	198	198



Physical Exam Accomplishment FNA Waiver Period & Post FNA Waiver Periods

### FNA Waiver Period Physical Exam Accomplishment



### Post FNA Waiver Period Physical Exam Accomplishment

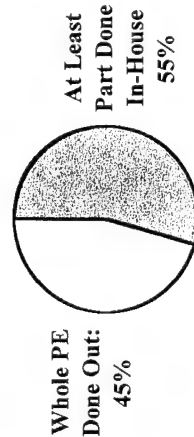


Figure 7.4: Physical Exam Accomplishment FNA Waiver Period & Post FNA Waiver Period



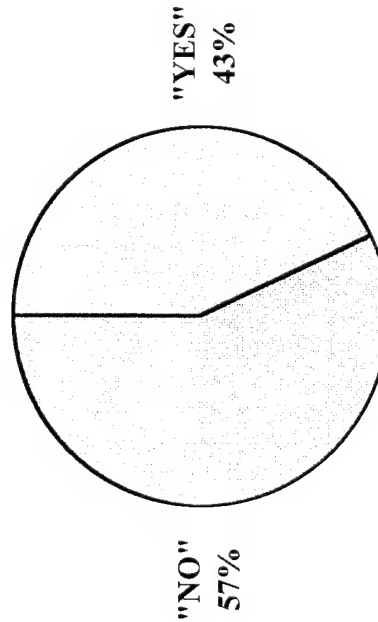
Figure 7.5, The Change in Periodic Examination Delivery Methods illustrates two important factors about facilities which changed their physical examination delivery methods. The first pie chart shows that 43 percent of the 198 facilities surveyed had changed the delivery method (a, b, or c) they used to deliver periodic physicals in the post FNA waiver period. The survey then asked the facilities if they had changed the method they used to deliver periodic physical due to the elimination of FNA waivers. The second pie chart illustrates the number of facilities which claimed to have changed their method due to FNA waiver elimination. Forty-nine percent of facilities claimed they had changed the method they used to obtain periodic physical examinations due to the elimination of FNA waivers. Some of these facilities had changed the way they delivered periodic physical exams but had not changed the delivery method (a, b, or c) that they used. For instance, several of the facilities which had obtained the entire physical from an outside source in the past (method c) were still obtaining their physicals this way, but had changed the source that they used due to FNA waiver elimination.

Figure 7.6, Physical Examinations Obtained From Other Facilities FNA Waiver & Post FNA Waiver Periods shows what type of medical facilities were used by activities which obtained their entire periodic physical examination from an outside source (method c). The graph illustrates that the number of Naval Reserve facilities that used outside sources increased after FNA waivers were eliminated. It also shows that there was an increase in the use of MTFs and other Naval Reserve Facilities (NRF). (The category "other NRF" was used to count the NRFs which obtained their physical examinations from another NRF.) Some other sources such as MEPS, the VA, and the NARS were also utilized in the post FNA waiver period. It is interesting that only one Naval Reserve facility used MEPS in either period to obtain their examinations despite the fact that 52 percent identified a MEPS within 60 miles.

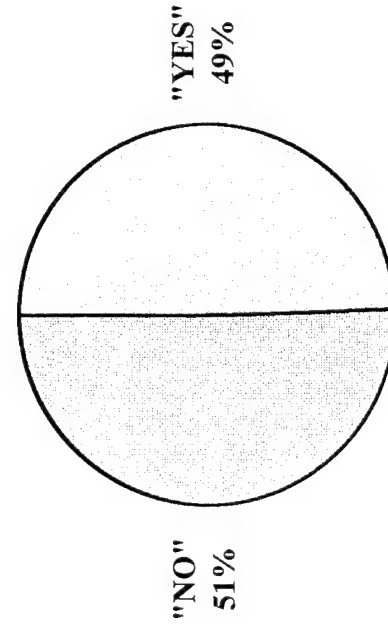
Figure 7.7, Distance to Facilities Used FNA Waiver & Post FNA Waiver Periods shows the distance to the outside facilities used by activities which obtained their entire periodic physical from an outside source (method c). This graph shows that the

Current Physical Exam Data: Post FNA Waiver Period		Current Physical Exam Data: Post FNA Waiver Period	
Facilities That Changed Their Method to Obtain Physicals		Physical Exam Method Changed Due to FNA Waiver Elimination	
Change Reported	# Facilities Reporting	Due to FNA Elimination	# Facilities Reporting
"YES"	85	"YES"	98
"NO"	113	"NO"	100
TOTAL	198	TOTAL	198

**Post FNA Waiver Period:  
Facilities That Changed Their  
Method to Obtain Physicals**



**Post FNA Waiver Period:  
Facilities Who Changed Physical  
Exam Method Due to FNA Waiver  
Elimination**



**The Change In Periodic Physical Exam Delivery Methods**

Figure 7.5: The Change in Periodic Examination Delivery Methods

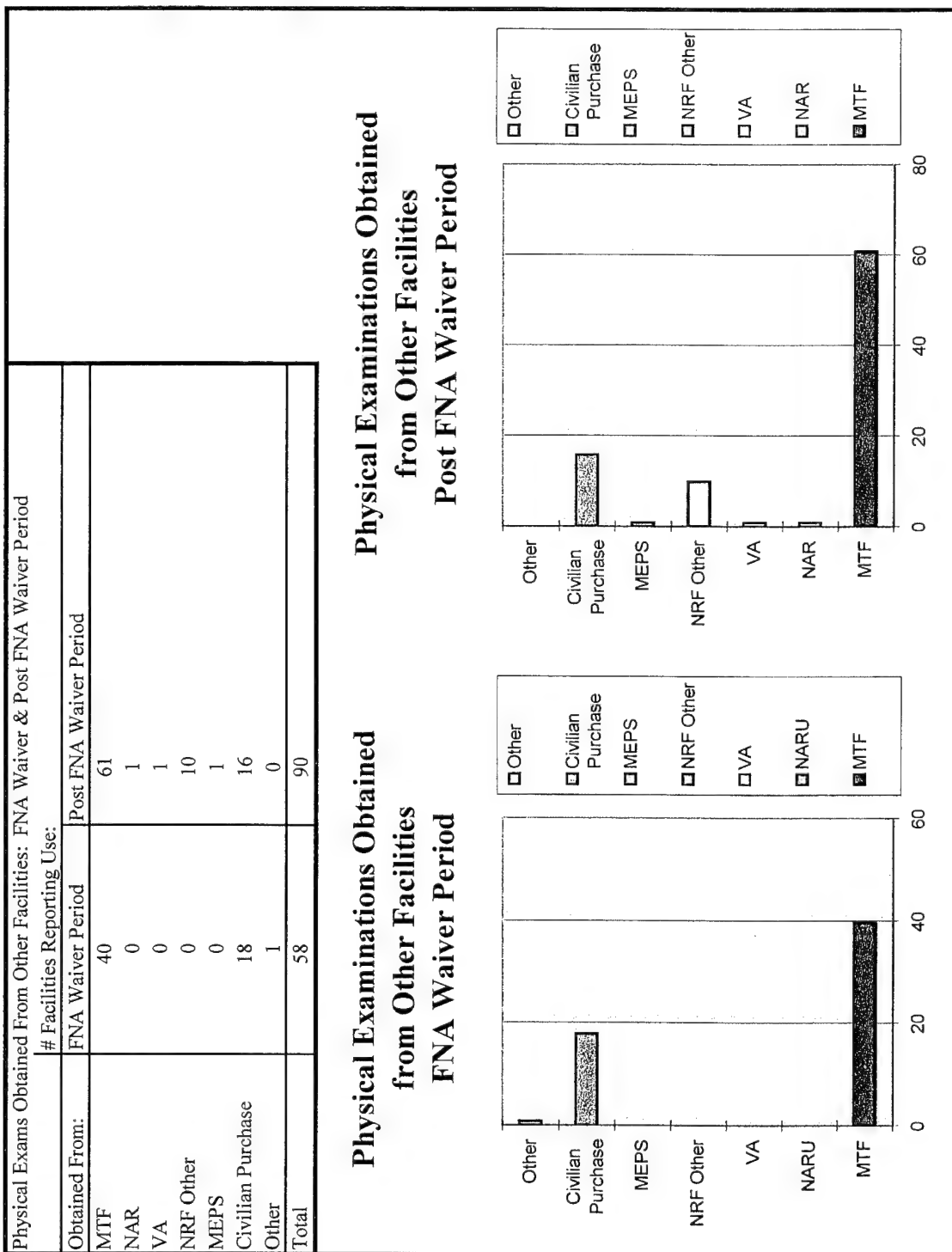


Figure 7.6: Physical Examinations Obtained From Other Facilities FNA Waiver & Post FNA Waiver Periods

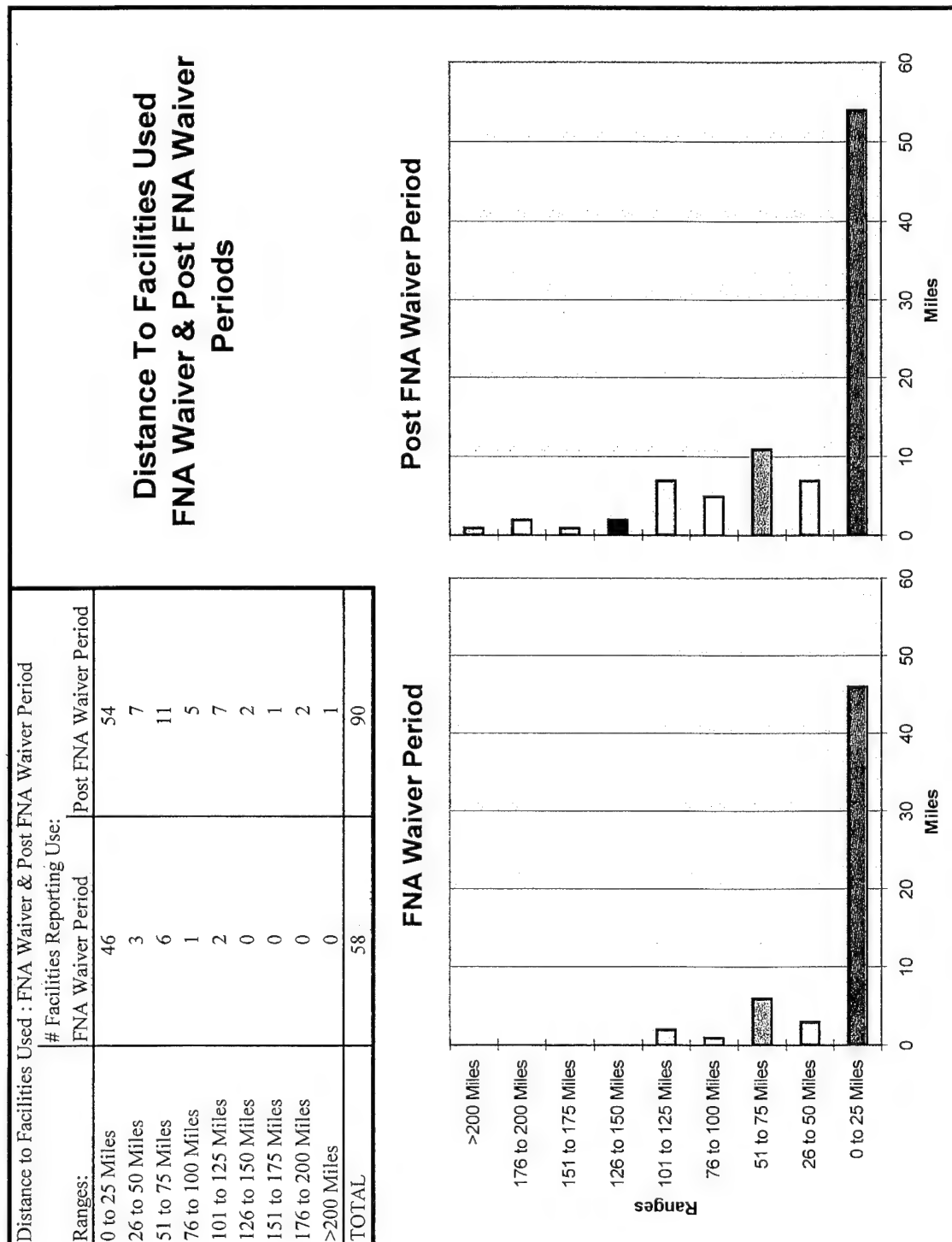


Figure 7.7: Distance to Facilities Used FNA Waiver & Post FNA Waiver Periods

distance traveled to obtain periodic physical examinations increased for personnel assigned to these activities after FNA waivers were eliminated.

Figure 7.8, Military Services of Other Facilities Used, shows the service of the outside facilities used by activities which obtained their entire periodic physical from an outside military source (a subset of method c). The majority of outside facilities used were Naval MTFs in both the FNA Waiver & Post FNA Waiver Periods. No dramatic changes were observed in the use of other services.

### **C. FNA ELIMINATION ACCOMPLISHMENT**

FNA waivers were eliminated in February 1994 by BUMED, but CNRF gave Naval Reserve facilities until November 1994 to come up with a method to deliver complete periodic examinations. An unexpected finding of the physical examination survey was the fact that many reserve facilities still did not have a method to deliver complete periodic examinations as of November 1995. This finding does not mean that facilities were waiving the unavailable examination components. It only means that as of the date surveyed, they did not have access to one of the periodic examinations components.

The finding that some Naval Reserve facilities still did not have access to a complete periodic physical examination was not expected and the survey had not been designed to measure it fully. The survey was able to measure the number of facilities with examination components not available and identify which examination components were not available. The survey was also able to measure the number of periodic examinations performed at each facility in FY95. To estimate the number of examinations still FNA, the number of periodic physical examinations performed at the facilities which still had an examination component not available was used. The survey was not designed to assess the reasons why these examination components were still not available.

Figure 7.9, Facility History of FNA Use, identifies the number of Naval Reserve facilities which reported using FNA waivers in the past and the number that still have

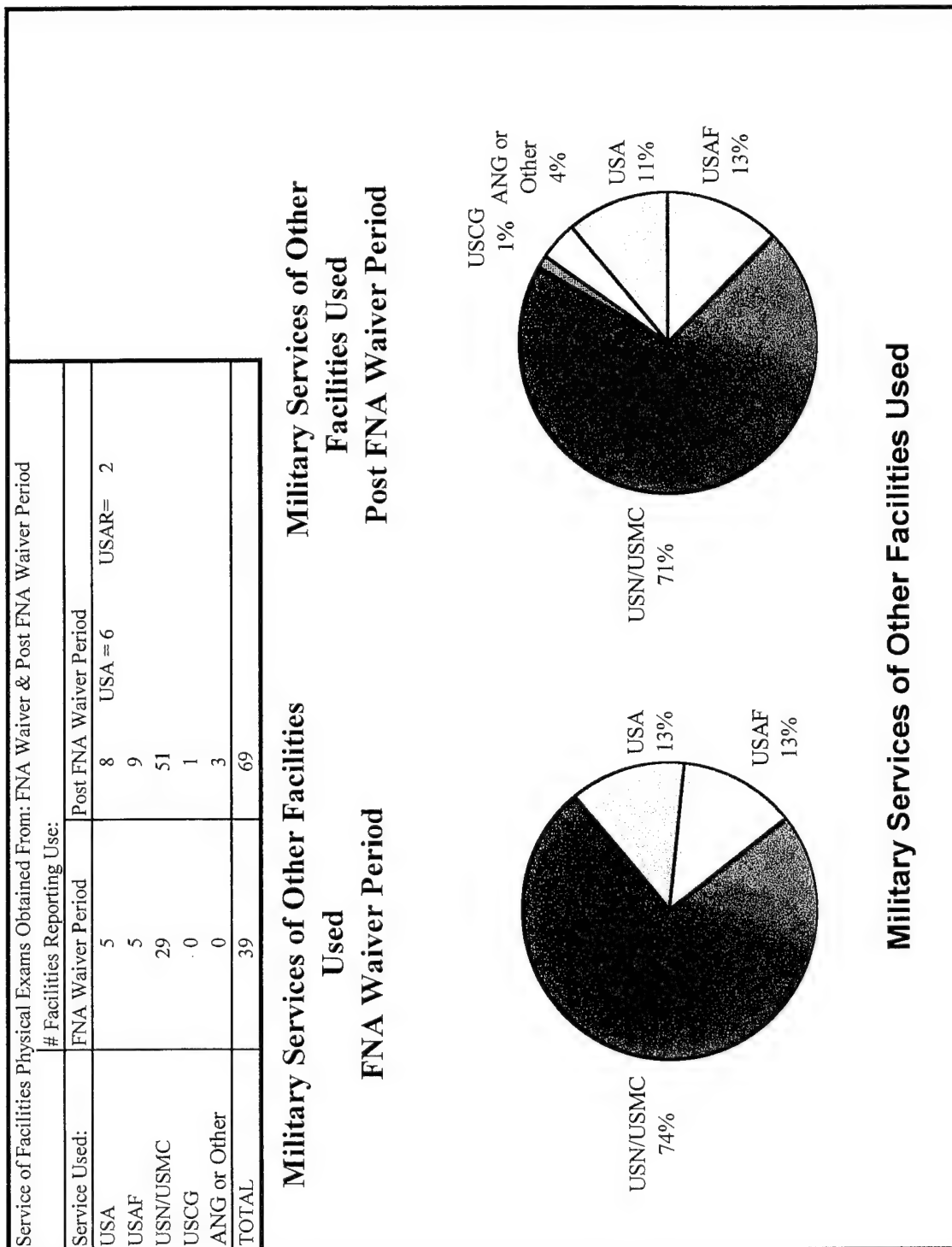


Figure 7.8: Military Services of Other Facilities Used

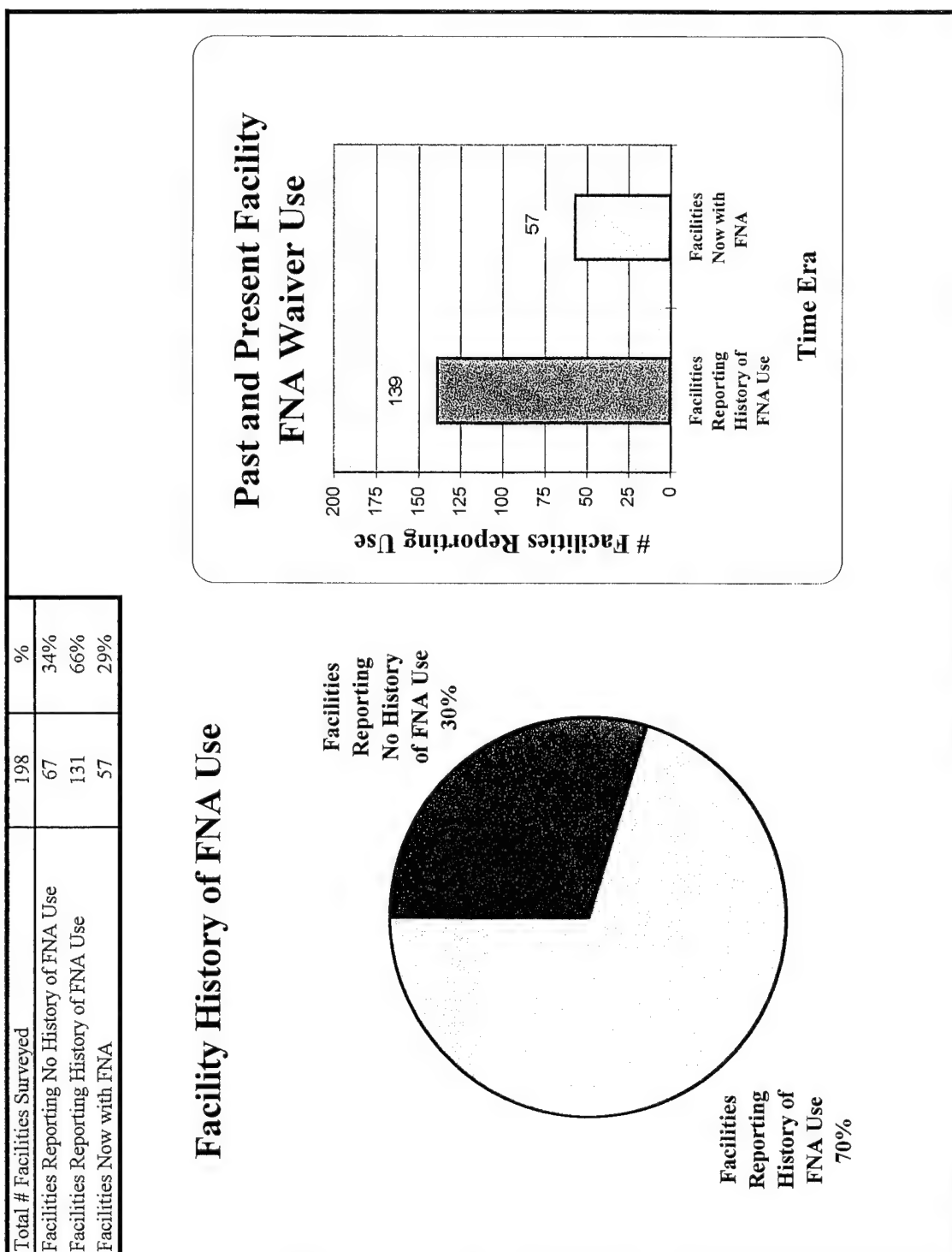


Figure 7.9: Facility History of FNA Use

some facility not available. The graph shows that 139 facilities used FNA waivers in the past. Fifty-seven facilities still do not have access to some component of the examination.

Figure 7.10, Exams Now Reported FNA, shows how many facilities reported having each examination component unavailable as of November 1995. The number of exams reported unavailable is equal to the cumulative sum of the number of periodic physicals performed at the facilities which reported the exams unavailable in FY95. Some of the exam components are only required for members of specific age and sex groups. The specific number of periodic exams performed on these age and sex groups was used to develop the estimates for these exams. For instance, mammograms are only required on women over age 40, so the number of periodic physicals performed on women over age 40 was used to estimate the number of mammograms still FNA.

The estimates preceded by a "less than" sign (<) in Figure 7.10 are based on the maximum number of exams that could have been performed. Some exam components are only required when medically indicated and may be rarely performed during periodic examinations. The total number of periodic physicals done was used to develop the estimate of the *maximum* number of exams unavailable for these components. The estimates not preceded by a "<" are based on the *actual* number of periodic exams done in FY95 for the age/sex group that requires these exams. The actual number of exam components performed for the exams preceded by the "<" is unknown.

The survey asked the Naval Reserve facilities to perform a medical record review to determine how many Naval Reservists had complete current physical examinations. The facilities were asked to review the most recent Report of Medical Examination, SF88, in each member's health record to determine how many members were currently due a periodic physical, had a current physical that contained an FNA waiver, or had a current physical that contained no FNA waiver. The result of this review is shown in Figure 7.11, Naval Reserve Total Force Current Periodic Physical Exam Status November 1995. This figure shows that as of November 1995 only 30 percent of the current physical examinations of the Naval Reserve Force contained an FNA waiver.



### What is Still FNA November 1995

Test Name (Long)	Test Name (Short)	Facilities Rptd	Max # Exams Rptd
Mammogram	MAM	41	165
Pap Smear	PAP	41	422
Refraction	REFR	31	<1351
Chest X-Ray	CXR	27	<1310
Tonometry	TONO	23	515
Dental Examination	DXM	12	456
Dental X-Rays/Pano.	DXR	11	<424
Stool Guaiac	STOL	6	108
Audiogram	AUD	6	198
Serology/RPR	RPR	4	131
Lipid Profile	LIPD	4	131
G6PD/Sickle Cell	G6PD	3	<170
EKG	EKG	3	84
Visual Acuity	VISL	1	338

### Exams Now Reported FNA

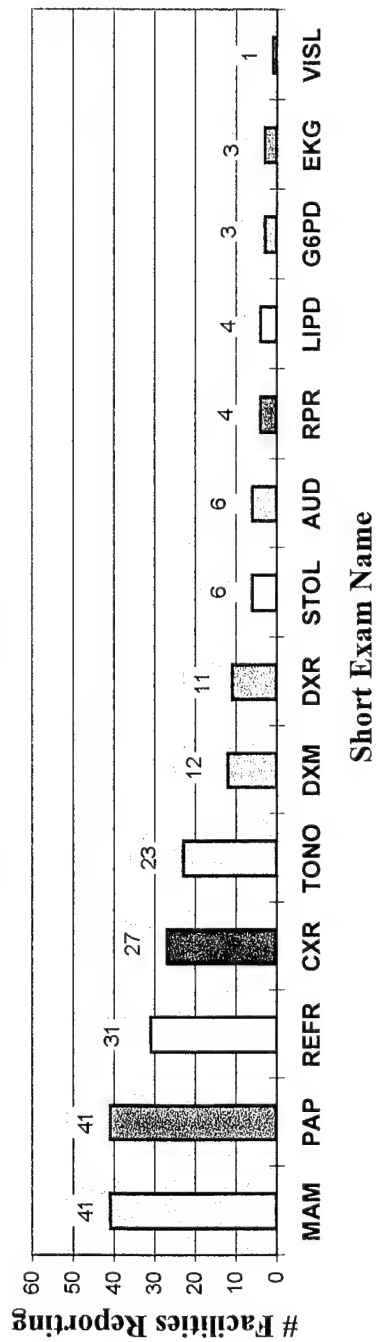


Figure 7.10: Exams Now Reported FNA

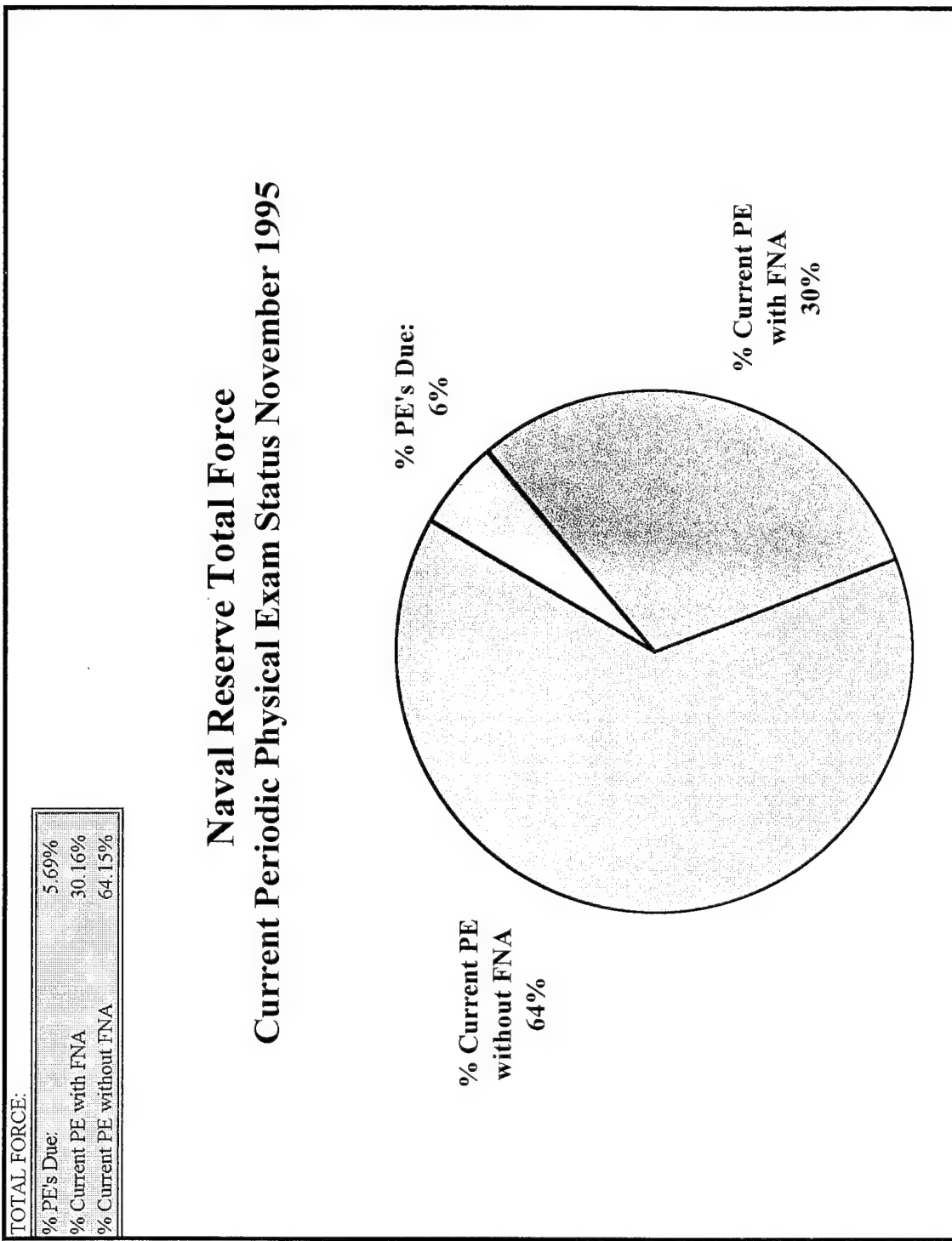


Figure 7.11: Naval Reserve Total Force Current Periodic Physical Exam Status November 1995

Figure 7.12, Naval Air and Surface Reserve Force Current Physical Examination Status November 1995, shows the physical examination status of the Naval Air and Surface Reserve Forces as of November 1995. This graph breaks down the statistics from Figure 7.11 to illustrate the individual physical examination accomplishments of the Air and Surface Reserve Forces. Since FNA waivers were rarely used by the Naval Air Reserve (because most of their facilities are co-located with MTFs) the fact that 84 percent of their force has current physicals with no FNA waivers is not surprising. What is surprising is that as of November 1995, only 39 percent of the current physical examinations of the Naval Surface Reserve Force contained an FNA waiver. This indicates a marked improvement from the 74.5 percent of their physical exams that were found to contain FNA waivers in 1992. [Ref. 7] Since FNA waivers were eliminated, only about one-fifth of the force would have become due for their periodic physical by November 1995. The fact that the Naval Surface Reserve decreased the number of their physical exams containing FNA waivers from 74.5 to 39 percent during this period indicates a substantial effort on their part to deliver complete physicals to their members.

Figures 7.11 and 7.12 also show the number of Naval Reserve personnel who were due for periodic physical examinations in November 1995. For a five year periodic examination cycle roughly 1/5 of personnel (20 percent) would become due each year for their physical examination. Of these 1/5 due yearly, approximately 1/12 (8.3 percent) would become due each month. This means that the number of members expected to become due each month for the periodic physical should be approximately equal to:

$$(20 \text{ percent}) \times (8.3 \text{ percent}) = (.2) \times (.083) = (.01667) = 1.7 \text{ percent}$$

The estimate that approximately 1.7 percent of the force becomes due for periodic physicals each month can be used to examine the data from Figures 7.11 and 7.12. In Figure 7.11, 6 percent of personnel were shown to be due for periodic examinations. The calculation:  $(6 \text{ percent due now}) \div (1.7 \text{ percent due per month}) = (3.5 \text{ months' workload now due})$  can be used to determine the workload in months of periodic physical exams

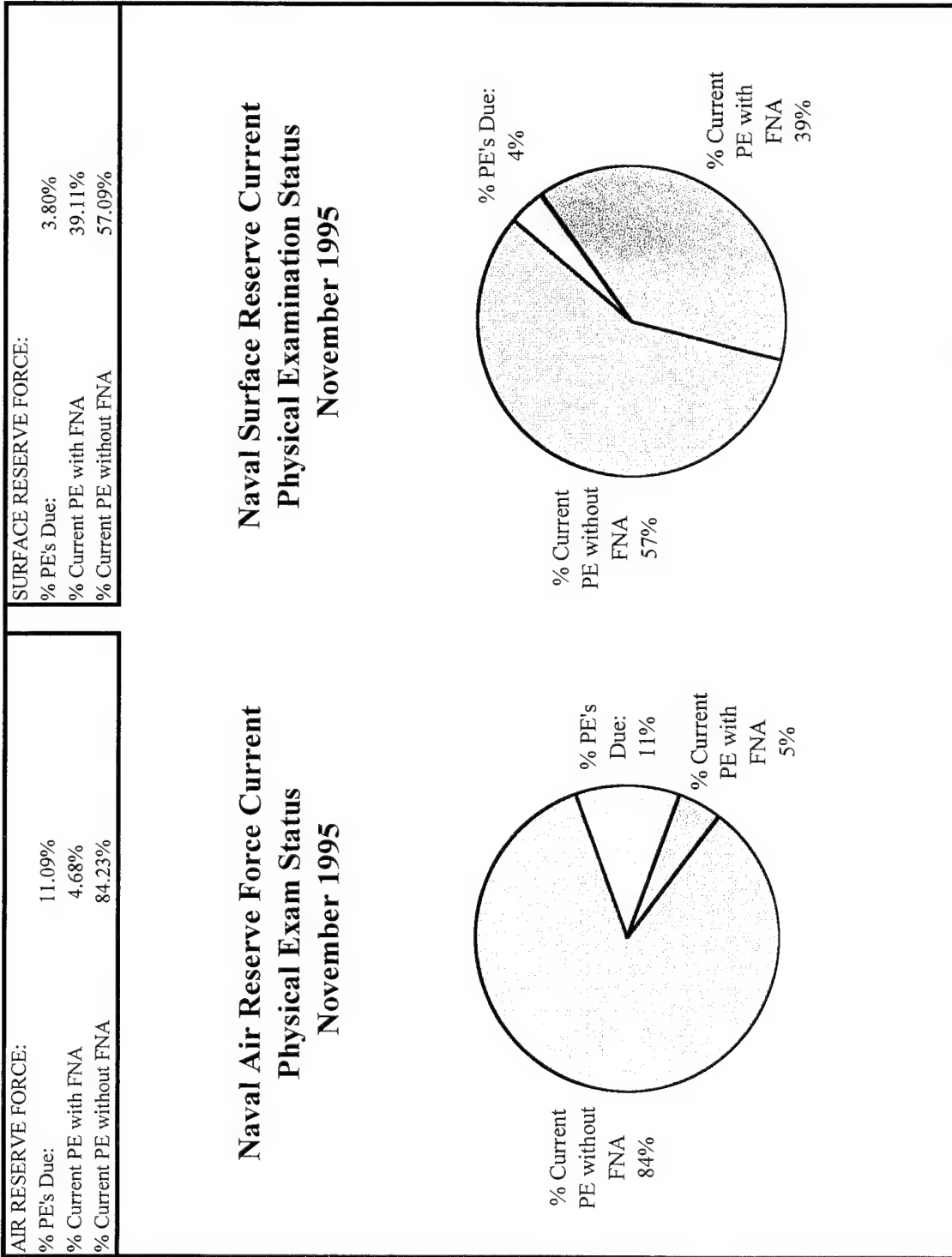


Figure 7.12: Naval Air and Surface Reserve Force Current Physical Examination Status November 1995

due. Since reservists only drill one weekend a month and are absent from their centers many months out of the year for training, 3.5 months of periodic physical examination backlog should be considered a good figure. It is likely that the Naval Air Reserve facilities counted aviation periodic examinations in Figure 7.12. Since these examinations are due yearly for all flight crew members, these physicals would become due monthly at a rate of 8.3 percent (1/12 due each month). Therefore, the physical examination due rate for the Naval Air Reserve should also be considered positive.

The reserve facilities were also asked to report how many of their periodic physical examinations had been due over three months. Figure 7.13, Length of Time Periodic Physical Exams Have Been Due November 1995, shows the number of physical examinations due over three months for the Naval Reserve at that time. Of the exams due, 45 percent had been due greater than three months. Forty-five percent of the 6 percent of examinations due is not very alarming. Physical examinations due greater than three months were reported for 2,616 personnel out of the 81, 699 included in the study.

Figure 7.14, Physical Examination Completion Rates for Reserve Facilities Previously Studied in 1992, shows the percentage of complete physical examinations for the ten reserve facilities previously studied by "The 1992 Medical Readiness Task Force." This graph allows the data from the 1995 and 1992 studies to be compared without the bias caused by the dissimilar populations of the two studies. The 1992 study did not include any facilities that did not use FNA waivers (30 percent reported that they never used them) or any Naval Air facilities. Figure 7.14 shows a substantial decrease in the number of examinations containing FNA waivers, from 74.5 percent in 1992 to 29 percent in 1995.

#### **D. CONCLUSIONS AND RECOMMENDATIONS**

FNA waivers were widely used by the Naval Reserve. Seventy percent of Naval Reserve facilities claimed they used FNA waivers in the past and approximately 74.5 percent of periodic physicals were found to contain waivers in 1992. [Ref. 7]

# **SELRES & VTU** **Length of Time That Periodic Physicals Have Been Due NOV** **95**

Graph Table		# Personnel:
Due PE <3 Mo		2120
Due PE >3 Mo		2616

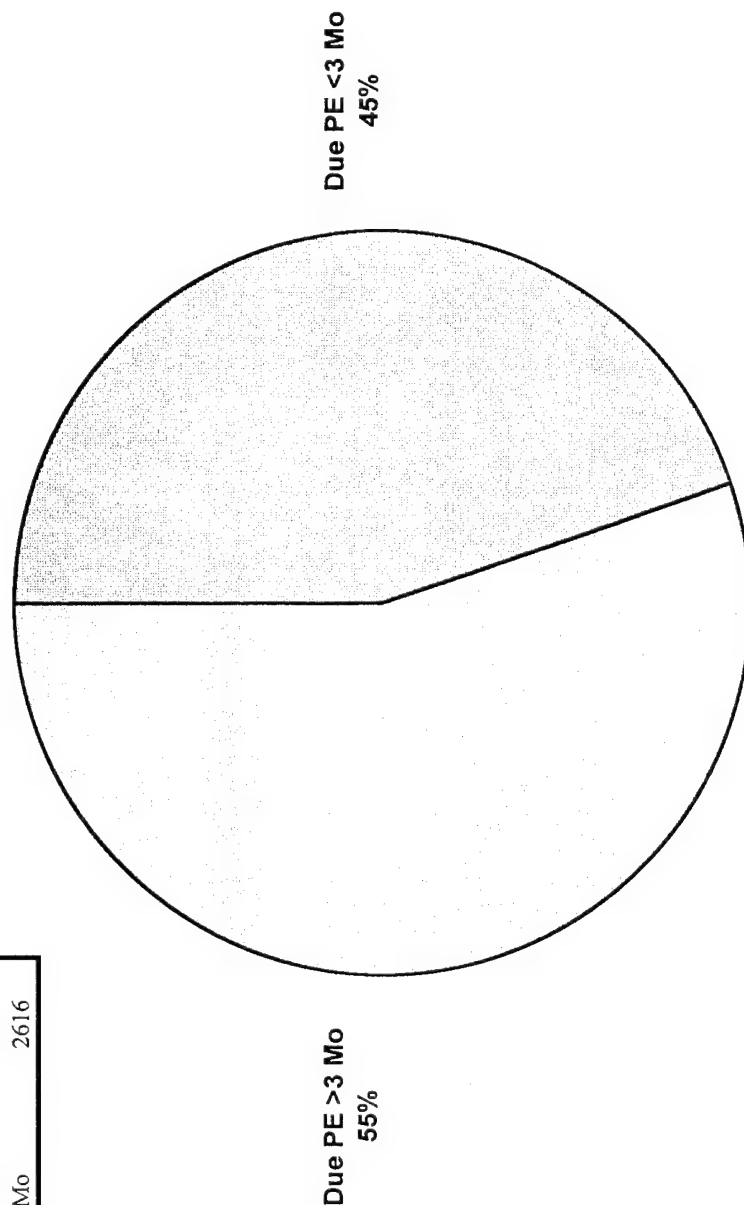


Figure 7.13: Length of Time Periodic Physical Exams Have Been Due November 1995

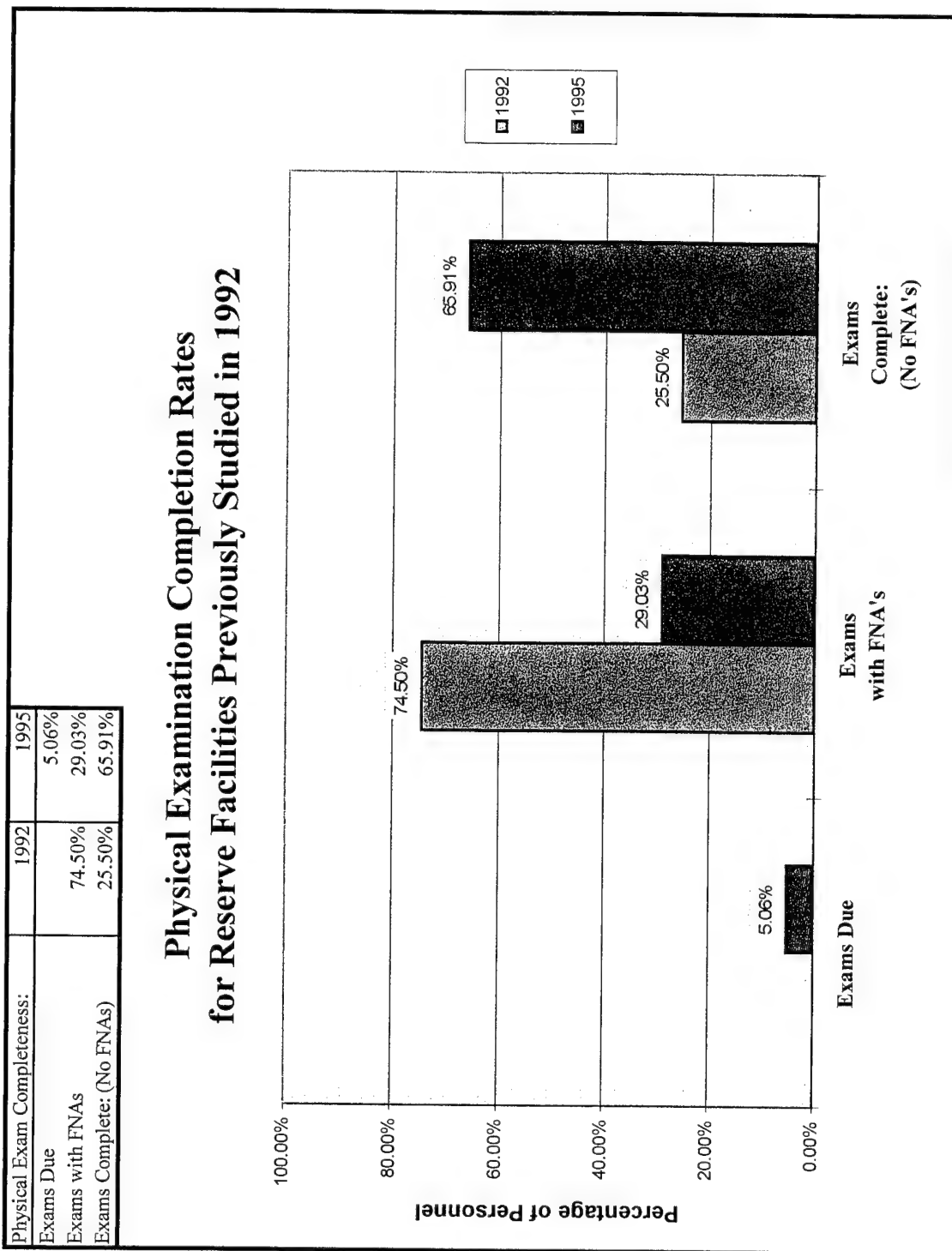


Figure 7.14: Physical Examination Completion Rates for Reserve Facilities Previously Studied in 1992

The 1995 Naval Reserve Physical Examination Survey measured the methods used by the Naval Reserve to deliver periodic physicals when FNA waivers were authorized and after they were eliminated. The survey found that the number of facilities which conducted the entire exam in-house decreased from 74 to 20 percent after waivers were eliminated. The number of facilities which obtained the entire physical from another facility increased from 29 to 46 percent after waivers were eliminated. Of the 198 facilities surveyed, 49 percent claimed they had changed the way they delivered periodic physical examinations because of FNA waiver elimination. The survey results clearly show that the elimination of FNA waivers had a substantial impact on periodic physical examination delivery for the Naval Reserve.

In Figure 7.3, 44 percent of Naval Reserve activities were shown to use a mixed method (method b, Part E-Mix) to deliver physical examinations. Currently the Navy Surgeon General, VADM Koenig, has a goal to have physical examinations delivered in "one-stop." The Naval Reserve periodic physical exams that currently require more than one-stop to be completed can be identified in Part E-Mix of the survey. The majority of the facilities that reported using this method of delivery were not one-stop. This method of physical examination delivery would have to be targeted for reduction to achieve the Surgeon General's goal.

For activities which obtained their exams entirely from other facilities, the survey did not show a significant increase in the number of non-Naval medical facilities used. In both the FNA and post FNA waiver periods Naval MTFs were primarily used. The reasons why more non-naval military medical facilities are not used should be further studied to see if access to these facilities can be improved. It is also recommended that use of MEPS facilities for periodic physicals be further studied.

It is evident from the survey that the elimination of FNA waivers did facilitate the Naval Reserve's goal to get periodic physical examinations done at medical facilities instead of Naval Reserve facilities. However, because it is more convenient, many facilities indicated during the survey that they are attempting to acquire the medical equipment necessary to conduct the examinations in-house.



There are some serious occupational and medical quality issues that need to be addressed concerning the delivery of physical examinations by Naval Reserve facilities. In the survey, numerous reserve facilities indicated that they were drawing blood themselves and shooting dental x-rays. There are federal regulations concerning the infection control and handling of hazardous body fluids (such as ventilation specifications) and the monitoring of ionizing radiation (from x-rays) that must be observed. Presently no medical quality assurance program for these activities has been promulgated to oversee these requirements.

Furthermore, since Naval Reserve facilities are not medical facilities there may be compelling legal reasons not to deliver medical care in these facilities. In a medical lawsuit, if it can be shown that proper medical procedures or regulations have not been observed this may offer compelling evidence of fault. The physical examination process is not perfect. Diagnoses will be missed on examinations and there will be some adverse effects caused by medical tests. For instance, a patient may develop an infection of a vein (phlebitis) even under optimal infection controlled examination conditions. Since the physical examination process is not perfect there is no way to totally eliminate the risk of tort suits for these exams. Medical malpractice lawyers are extremely well versed in medical regulations and proper infection control procedures and seek to discover infractions to be used to help substantiate their claims. It is therefore highly recommended that either a control system to monitor the quality of examinations delivered and compliance with federal regulations be instituted, or that examinations not be done in Naval Reserve facilities. It would be difficult for the Naval Reserve to institute a quality control program with their current active duty medical staffing.

The survey found that 57 Naval Reserve facilities still did not have access to a complete physical examination. Many facilities were attempting to get reservists to bring in documentation of these tests from their private civilian doctors. A few facilities were successful in meeting all of their periodic examination requirements this way. (These facilities were not counted as part of the 57 facilities still without access to a complete physical examination.) Approximately 80 percent of personnel completing the surveys

were contacted by phone for additional information during the survey. In the telephone conversations two reasons were repeatedly identified by personnel to explain why they did not have access to complete exams. These reasons were, inadequate funding and inability to get access to DoD medical facilities on drill weekends. The "chorus" for both of these reasons was very loud. Therefore, the resolution of either of these access problems would improve physical examination component availability.

Finally, the Naval Reserve is doing a good job in keeping their physical examinations current. There has been a widespread belief for many years that it is difficult for the accomplishment of physical examinations to compete with the accomplishment of training readiness. Although it may be difficult to compete, it appears physical examinations are competing adequately.

#### **E. SUMMARY OF CHAPTER VII**

The use of FNA waivers was widespread and the elimination of FNA waivers had a substantial impact on periodic physical examination delivery in the Naval Reserve. The elimination of FNA waivers resulted in a decrease in the number of physical examinations performed by Naval Reserve facilities, and an increase in the use of other facilities used and the distance traveled to them.

Some Naval facilities still have examination components that are not available. This problem can be resolved by increasing their funding so that they can purchase the exams not available, or by helping them to obtain access to a DoD medical facility for the exam.

## **VIII. THE IMPACT OF FNA WAIVER ELIMINATION ON PHYSICAL EXAMINATION EFFECTIVENESS**

When FNA waivers were authorized, the Naval Reserve didn't really know if their personnel were fit because many of their periodic physical exams contained FNA waivers. The elimination of FNA waivers resulted in an increase in the scope of the periodic physical exam. This increased scope was expected to make the periodic physical examination more effective. This chapter measures the impact that the elimination of FNA waivers had on periodic physical examination effectiveness.

### **A. THE IMPACT ON PERIODIC PHYSICAL EXAM EFFECTIVENESS**

The impact of the elimination of FNA waivers on periodic physical examination effectiveness was measured using question (43) of "The 1995 Naval Reserve Physical Examination Survey." [Appendix A] Question (43) required activities which had waived some portion of the periodic physical examination in the past to conduct a medical record screening. This screening was used to determine if the increased scope of the periodic physical exam, caused by FNA waiver elimination, increased the effectiveness of the periodic physical examination.

Periodic physical examinations are recorded on "The Report of Medical Examination," SF88, [Appendix E] and filed in a member's health record. Examining physicians are required to annotate in block 74 of the SF88, "Summary of Defects and Diagnoses," any medical defects identified for components of the periodic examination. They must also decide whether the defect is disqualifying and record the classification of the defect. The classifications used for defects are, "not considered disqualifying" (NCD), "considered disqualifying" (CD) or "temporarily not physically qualified" (TNPQ). (These medical classifications were discussed in depth in Chapter II).

Question (43) of the survey directed facilities to review the medical findings for examination components that they previously waived FNA. To do this, facilities were

instructed to identify the number of defects identified by the examining physician in block 74 of the SF88 for previously waived exams. The facilities were directed to count the number of defects identified for each defect classification (NCD, CD, TNPQ) for the examination components they had previously waived. For instance, if a facility had waived EKGs in the past, they were directed to review their periodic physicals since they had started doing EKGs. To determine the medical findings for EKGs, they would screen block 74 of their periodic physical exams and count the number of defects that examining physicians had recorded for EKGs.

Many health care professionals question the value of periodic examination programs because they believe that most of the medical problems these programs identify are already known to exist. They hypothesize that most medical problems are identified when patients present with complaints and that physical examinations tend to merely re-document these problems. Question (43) of the survey was designed to test this hypothesis. When facilities identified a defect on a member's physical, they were then directed to review the member's health record to see if previous documentation of the defect existed. If previous documentation of a defect existed, then the defect was classified as an "old defect." If no prior documentation existed, then the defect was classified as a "new" defect. The survey only required facilities to count "old defects" that resulted in members being classified as "CD" or "TNPQ." For an "old defect," these classifications would indicate that the defect had worsened in severity since it was last documented. The ability of a physical examination to identify any "new defect" (NCD, CD, or TNPQ) or an "old defect" (CD or NPQ) can be considered to increase the effectiveness of the examination because a condition was identified that was previously unknown. Question 43 directed facilities to count these categories of examination defects for the exams they had previously waived.

Figure 8.1, Medical Findings for Examinations Previously Waived FNA, is a summary of the medical defects identified for examination components that were previously waived. The "FY95 number of exams done" column is a cumulative total of the number of periodic exams done in FY95 for the age/sex group requiring the exam at

<b>Medical Findings</b> <b>from Examination Components Previously Waived FNA</b>						
<b>Previously FNA Component:</b>	<b>FY95 # Exams Done</b>	<b># New Defects NCD</b>	<b># New Defects CD</b>	<b># New Defects TNPQ</b>	<b># Old Defects Now CD</b>	<b># Old Defects Now TNPQ</b>
Pap Smear	677	3	2	1	0	0
Mammogram	232	1	1	0	0	0
Stool Guaiac	450	3	0	0	0	0
Human Immunovirus (HIV)	250	0	0	0	0	0
Serology/RPR	2732	3	1	1	0	0
Lipid Profile	3052	243	1	1	2	0
Electrocardiogram (EKG)	907	21	2	3	2	1
Audiogram	3566	98	11	1	11	4
Tonometry	1243	1	1	0	1	0
Dental Examination	2540	154	3	6	3	0
Visual Acuity	407	0	0	0	0	0
Dental X-Rays/Panogr. (<)	3180	90	0	5	3	2
G6PD/Sickle Cell (<)	2286	0	0	0	0	0
Chest X-Ray (<)	2436	3	0	0	0	0
Refraction (<)	2595	9	2	0	0	0
<b>Total Defects:</b>		629	24	18	22	7

Figure 8.1: Medical Findings For Examination Components Previously Waived FNA

the facilities who used to waive the exam. For examination components shaded in grey, the actual number of examinations components done in FY95 is unknown. For these examination components the "FY95 number of exams done" column represents the maximum number of exams that could have been performed in FY95. (The methods used to determine examination component volume was described in depth in Chapter VII). The following examples are given to help readers understand Figure 8.1:

- 677 periodic physical examinations were conducted on women who required pap smears on their periodic physical exam in FY95 at facilities which waived pap smears in the past. The defects discovered for pap smears at these facilities were three "new defects NCD," two "new defects CD," one "new defect TNPQ," zero "old defects now CD" and zero "old defects now TNPQ."
- Not more than 3180 dental x-rays/panographs were conducted on examinees in FY95 at facilities which waived them in the past. The defects discovered for dental x-rays/panographs at these facilities were 90 "new defects NCD," zero "new defects CD," five "new defects TNPQ," three "old defects now CD" and two "old defects now TNPQ."

Figure 8.1 shows that as a result of FNA waiver elimination, 629 "new defects NCD," 24 "new defects CD," 18 "new defects TNPQ," 22 "old defects now CD" and seven "old defects now TNPQ" were identified on periodic examinations. This proves that the elimination of FNA waivers increased the effectiveness of the periodic examination. Furthermore, this proves that the periodic physical examination is a useful tool to detect medical conditions that were previously unknown.

Figure 8.2, Medical Findings from Examination Components Not Required, summarizes the medical findings for other examination components reported. These examination components are not required for periodic exams by MANMED. Several of these components were required when FNA waivers were authorized, but these requirements were eliminated at the same time as FNA waivers. Since they are not required exams, the medical findings from these exams cannot be attributed to FNA

<b>Medical Findings</b> from Examination Components Not Required						
Previously FNA Component:	FY95 # Exams Done	# New Defects NCD	# New Defects CD	# New Defects TNPQ	# Old Defects Now CD	# Old Defects Now TNPQ
Urinalysis (UA)	167	0	0	0	0	0
Complete Blood Count (CBC)	175	2	0	0	0	0
Prostate Specific Antigen (PSA)	21	1	0	0	0	0
Hematocrit	125	0	0	0	0	0
Blood Glucose	125	0	0	0	0	0
Phlebotomy	15	0	0	0	0	0
Total Defects		3	0	0	0	0

Figure 8.2: Medical Findings from Examination Components Not Required

waiver elimination. They are therefore summarized separately in Figure 8.2.

The medical findings reported by each Naval Reserve facility for the examination components that they previously waived can be viewed in Appendix A, Part F-43. These findings display some interesting regional health data. The medical defects identified by "The 1995 Naval Reserve Physical Examination Survey" tended to be identified in clusters at reserve facilities. Figure 8.3, Geographic Pockets of Defects, illustrates several of these clusters of defects. Three possible causes can be hypothesized for each geographic pocket of defects:

1. A regional health trend may exist
2. Improper test procedures may be being used
3. An incorrect survey response was submitted

Attempts were made to minimize incorrect survey responses. For facilities reporting

Geographic Pockets of Defects							
City, State	Previously FNA Component:	FY95 Exams Done	# New Defects NCD	# New Defects CD	# New Defects TNPQ	# Old Defects Now CD	# Old Defects TNPQ
Buffalo, NY	Dental X-Rays/ Panographs	76	32	0	0	0	0
Bessemer, AL	Lipid Profile	42	36	0	0	0	0
El Paso, TX	Audiogram	50	18	0	0	0	0

Figure 8.3: Geographic Pockets of Defects

high numbers of defects (greater than single digit numbers), survey responses were verified by telephone. This was done by re-explaining question (43) to the respondent and by asking them to verify that their response was correct given the explanation. Several mistakes were rectified during this process.

Figure 8.3 has special significance for the health of the Naval Reserve. Naval Reservists are not entitled to medical treatment for defects identified during examination. They can, however, be educated. If Figure 8.3 is representative of the behavior of medical defects for the Naval Reserve, then these defects could be targeted for reduction by health education programs. "The 1995 Naval Reserve Physical Examination Survey" did not collect enough epidemiological data for examination components to prove that the medical defects identified by these exams cluster in regional groups. The survey studied a small volume of examination components because it only studied components that had been waived in the past (i.e., 3052 lipid tests is not a high volume). The survey's finding that defects for these exams clustered in regional groups is however sufficient to warrant my *strongest* recommendation for further study. It is also sufficient to conclude that the ability to gather epidemiologic data for examination components provides information that is useful for periodic examination programs.

The identification of regional clusters of defects also provides useful occupational health data. For example, if there is a Naval Reserve unit in El Paso, Texas that has



occupational exposure to noise hazards, these defects could indicate the need for better hearing protection practices by this unit. It is important to note that the high level of audiogram defects reported for El Paso may also indicate a poorly calibrated audiometer in need of calibration. In either case, medical department action needs to be taken to address these high level of defects.

## **B. CONCLUSIONS AND RECOMMENDATIONS**

The elimination of FNA waivers increased the effectiveness of the periodic examination for the Naval Reserve. This has been shown by the number of defects that "The Naval Reserve Physical Examination Survey" identified for the examination components that facilities previously waived. There were 632 new non-disqualifying defects, 46 disqualifying defects, and 25 potentially disqualifying defects identified by the survey for personnel who had previously had these portions of their examinations waived. Furthermore, the detection of these medical defects provided medical information that was not previously known. Therefore, this proves that periodic physical examination programs are able to detect medical conditions unknown at the time of examination.



## IX. THE IMPACT OF FNA WAIVER ELIMINATION ON COST

The elimination of FNA waivers had an impact on the cost of Naval Reserve periodic physical examinations. Periodic physical examination costs were increased because facilities were required to perform examination components they previously waived. This chapter estimates the incremental cost of FNA waiver elimination for FY95. For the purpose of this thesis, *incremental cost* is defined as the increase in cost caused by a particular course of action.

### A. COST METHODOLOGY

"The 1995 Naval Reserve Physical Examination Survey" [Appendix A] was the principle methodology used to estimate the incremental cost of FNA waiver elimination. Data from Parts D, E and F of the survey were used in this estimate. The following list shows what data was used from each part of the survey to estimate the incremental cost of FNA waiver elimination:

- **Part D-How:** Provided data about the number of periodic examinations performed on personnel assigned to each facility in FY95 and the age/sex group of examinees. (This topic was discussed in Chapter VI)
- **Part E-How:** Provided data about the general delivery method used by each facility to deliver periodic physical examinations after FNA waivers were eliminated. (This topic was discussed in Chapter VII)
- **Part E-Out and E-Mix:** Provided specific delivery data (i. e., unit cost, name, service) for each source a facility used to deliver periodic exams. (This topic was discussed in Chapter VII)
- **Part F-43:** Identified which examination components each facility waived in the past and which are still unavailable. (This topic was discussed in Chapter VII)

The following formula was used to estimate the incremental cost of waiver elimination for each examination component:

$$\left( \begin{array}{c} \text{Examination} \\ \text{Component} \\ \text{Waived FNA} \\ \text{in the Past} \end{array} \right) \times \left( \begin{array}{c} \text{FY95} \\ \text{Estimated} \\ \text{Volume of} \\ \text{Examination} \\ \text{Component} \end{array} \right) \times \left( \begin{array}{c} \text{Actual Unit Price or} \\ \text{Estimated Unit Price} \\ \text{for Examination} \\ \text{Component} \end{array} \right) = \left( \begin{array}{c} \text{FY95} \\ \text{Incremental} \\ \text{Cost of FNA} \\ \text{Waiver} \\ \text{Elimination} \end{array} \right)$$

[ From Part F-43 ]                      [ From Part D ]                      [ From Part E or CMAC Rate ]

Some periodic examination components are required for all Naval Reserve personnel belonging to a specific age/sex groups. The following exams are required for personnel who belong to a specific age/sex group: pap smear, mammogram, stool guaiac, dental examination, HIV, serology, lipid panel, EKG, audiogram, visual acuity and tonometry. The FY95 estimated volume for these examination components was calculated by using the number of periodic examinations performed on the age/sex group that required the component.

The following examination components are only required when clinically indicated: dental x-rays/panographs, G6PD, sickle cell, chest x-ray and refraction. The FY95 estimated volume of examination components for these exams was calculated by using the number of periodic examinations reported by each facility. This estimate is equal to the maximum number of examination components performed in FY95.

To estimate the unit price for examination components, one of three cost estimates was used: the actual unit purchase price, the CMAC<sup>1</sup> rate, or the average unit cost. When an examination component was purchased by a Naval Reserve facility the actual unit purchase price was used. When this price was not available, the exam price was estimated using the CMAC rate for the zip code of the facility which had waived the examination component. The CMAC rate for a zip code area is the rate that the government considers

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<sup>1</sup> The Civilian Health and Medical Program of the Uniform Services (CHAMPUS) Maximum Allowable Charge (CMAC)

a fair price for the examination components in that area. CMAC rates were not available for dental examinations, visual acuity or G6PD tests (in some areas). When the actual price or a CMAC rate was not available, to estimate the unit price for an examination component, an average unit cost estimate was used. The average unit cost estimate was calculated by dividing the actual price reported by facilities which had purchased the exams by the number of examinations purchased.

## **B. LIMITATIONS OF COST METHODOLOGY**

The methodology used to estimate the incremental cost of FNA waiver elimination results in the incremental cost estimate being a *full cost* estimate. This means that the cost estimate includes a margin for profit. The CMAC rates and purchase prices for examination components used to estimate the incremental cost include a margin for profit. These estimates were used because currently no medical unit cost estimates are available for military facilities for these examination components. It is unlikely that the costs to perform these examination components in military facilities would exceed the estimates used in this incremental cost estimate. If the actual cost for one of these examinations did exceed the estimate price used, then the component should have been purchased at the estimate price.

The actual number of examination components performed for dental x-rays/panographs, G6PD, sickle cell, chest x-ray and refractions is unknown. The maximum number of exam components performed has been used to estimate the FY95 volume of these examinations components. An incremental cost range has therefore been developed to estimate the incremental cost of FNA waiver elimination. The lower end of the range is the incremental cost estimate for examination components where the actual volume for FY95 was known. The upper limit of the range includes the incremental cost for examination components whose FY95 volume was estimated using the maximum number of examinations performed.

The physical examination survey did not measure the costs charged to the Naval

Reserve by other military services for physical examination services. However, many facilities reported being charged by other military services. These facilities indicated that they used Memorandum of Understandings (MOUs) or Military Inter-service Purchase Requests (MIPRs) to obtain physical examination services from other services. Since these costs were not specifically measured, the section of this chapter that estimates the portion of the incremental cost borne by the Naval Reserve is understated. When the incremental cost bearer estimate is discussed later in this chapter, this shortfall will be further explained.

### **C. THE INCREMENTAL COST ESTIMATE**

Figure 9.1, The FY95 Incremental Cost of FNA Waiver Elimination shows the grand total incremental cost estimate and the medical defects identified for each examination component. Unshaded examination components were estimated using their actual purchase price or the CMAC rate and the actual volume of periodic physicals performed on the age/sex group that required the component. Examination components shaded green were estimated using their actual purchase price or the average unit cost and the actual volume of periodic physicals performed on the age/sex group that required the component. Examination components shaded gray (with the exception of G6PD/Sickle Cell) were estimated using their actual purchase price or the CMAC rate and the maximum volume of examination components performed. The G6PD/Sickle Cell examination component was estimated using their actual purchase price, the CMAC rate, or the average unit cost and the maximum volume of examination components performed.

From Figure 9.1 the FY95 incremental cost of FNA waiver elimination can be estimated to be between \$602,056 and \$1,026,524 dollars. The portion of the incremental cost estimate based on the actual volume of examination components performed totals \$602,056. ( $\$324,462 + \$110,831 + \$166,763 = \$602,056$ ). The portion of the incremental cost estimate that is based on the maximum examination volume of examination components performed totals \$424,468. Figure 9.2, FY95 Actual

**FY95 FNA Waiver Elimination Incremental Cost Estimate  
and Medical Defects**

Previously FNA Component:	FY95 # Exams Done	# New Defects NCD	# New Defects CD	# New Defects TNPQ	# Old Defects CD	# Old Defects TNPQ	Estimated Incremental Cost (Excludes Cost of Exams Still FNA)
Pap Smear	677	3	2	1	0	0	\$ 13,803
Mammogram	232	1	1	0	0	0	\$ 17,342
Stool Guaiac	450	3	0	0	0	0	\$ 5,076
HIV	250	0	0	0	0	0	\$ 10,085
Serology/RPR	2732	3	1	1	0	0	\$ 53,700
Lipid Profile	3052	243	1	1	2	0	\$ 96,990
EKG	907	21	2	3	2	1	\$ 19,152
Audiogram	3566	98	11	1	11	4	\$ 78,090
Tonometry	1243	1	1	0	1	0	\$ 30,224
Dental Examination	2540	154	3	6	3	0	\$ 102,161
Visual Acuity	407	0	0	0	0	0	\$ 8,670
Dental X-Rays/Panogr. (<)	3180	90	0	5	3	2	\$ 177,601
G6PD/Sickle Cell (<)	2286	0	0	0	0	0	\$ 89,223
Chest X-Ray (<)	2436	3	0	0	0	0	\$ 85,747
Refraction (<)	2595	9	2	0	0	0	\$ 58,803
Estimated Incremental Cost for:	Actual Exam Numbers Using CMAAC or Actual Price						\$ 324,462
	Actual Exam Numbers Using Average Unit Price or Actual Price						\$ 110,831
	Max. Exam Numbers Using Average Unit Price or Actual Price						\$ 411,374
	Exams Not Done Based on Actual Exam Numbers Required						\$ 166,763
	Exams Not Done Based on Maximum Exam Numbers Required						\$ 13,094
Grand Total Estimated Incremental Cost FY95:							\$ 1,013,430

Figure 9.1: The FY95 Incremental Cost of FNA Waiver Elimination

FY95 Estimated Incremental Costs		Amount	Percent
Incremental Costs Based on Actual Exam Volume		\$ 602,056	58.65%
Incremental Costs Based on Maximum Exam Volume		\$ 424,468	41.35%
Total Estimated Incremental Cost		1,026,524	100.00%

## FY95 Actual and Maximum FNA Elimination Incremental Costs

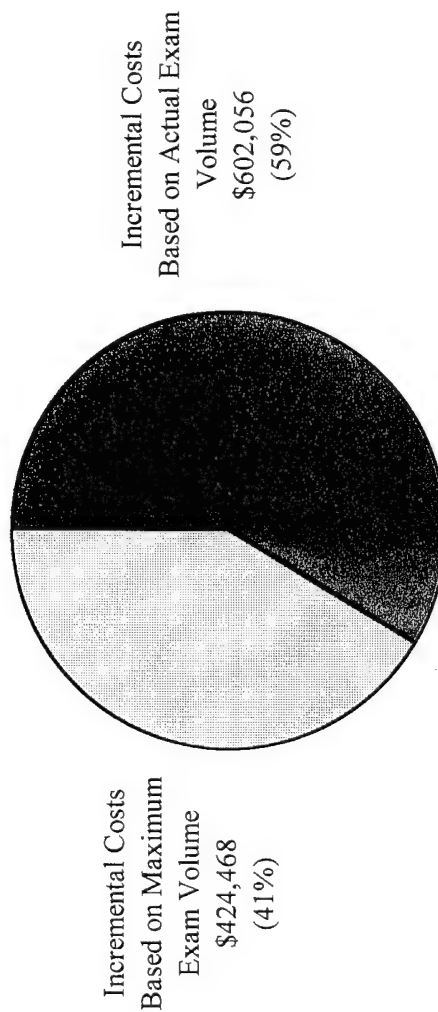


Figure 9.2: FY95 Actual and Maximum FNA Elimination Incremental Costs



and Maximum FNA Elimination Incremental Costs, depicts the portion of the incremental cost estimates from Figure 9.1 that are based on actual and maximum examination component volumes.

Figure 9.3, FY95 FNA Waiver Elimination Incremental Cost Bearers, shows which groups bore the estimated incremental cost of FNA waiver elimination for FY95. This graph understates the cost borne by the Naval Reserve because it does not include the cost of MOUs and MIPRs. Many Naval Reserve facilities reported that they had MOUs or MIPRs with other services and were paying other services for examinations. Therefore some of the \$409,432 depicted as borne by MTFs/Other DoD Facilities was paid for by the Naval Reserve. The cost of MOUs and MIPRS could not be calculated from the data collected in the survey. The survey data showed that the Naval Reserve paid the largest share (\$413,392) of the incremental cost of FNA waiver elimination for FY95. For FY95, the cost of "examinations not yet done" was \$179,857 and the cost of exam components obtained from "private MDs" was \$23,256. The existence of MOUs and MIPRs would not affect these amounts.

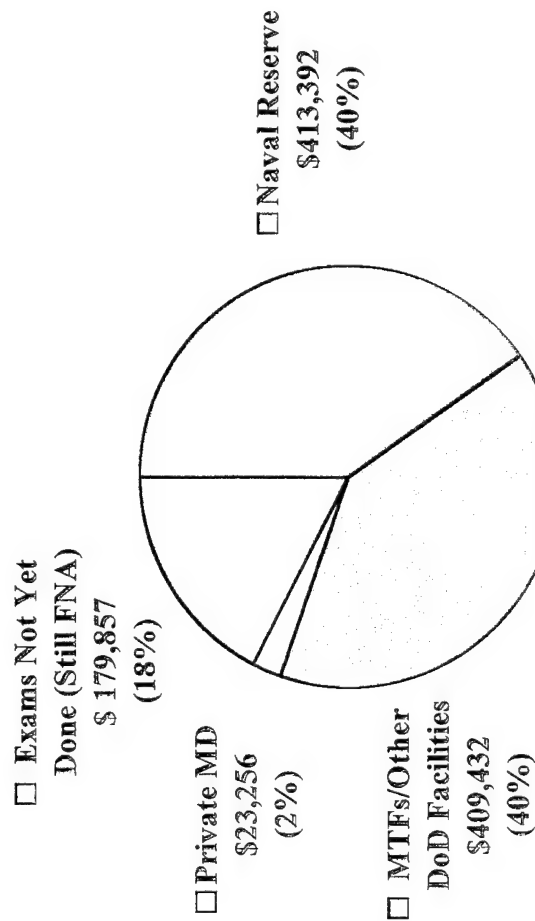
Figure 9.4, FY95 Cost Estimates and Medical Defects for Examination Components Not Required, shows the estimated cost of the examination components facilities reported that are not required by MANMED. Since these examinations are not required, their costs cannot be tied to the elimination of FNA waivers. Their total estimated cost was calculated using the actual purchase price or CMAC rate and the actual volume of the components that facilities reported. The total estimated cost for these examination in FY95 was \$6,491.

#### **D. CONCLUSIONS AND RECOMMENDATIONS**

The elimination of FNA waivers increased periodic physical examination costs. The estimated incremental cost of FNA waiver elimination was between \$602,056 and \$1,026,524 for FY95. The Naval Reserve paid the bulk of the incremental cost of FNA

Incremental Cost Bearer FY95	Amount	Percent
Naval Reserve	\$ 413,392	40.29%
MTFs/Other DoD Facilities	\$ 409,432	39.91%
Private MD	\$ 23,256	2.27%
Exams Not Yet Done (Still FNA)	\$ 179,857	17.53%

### FY95 FNA Waiver Elimination Incremental Cost Bearers



**Note:** This graph understates the cost share of the Naval Reserve because it does not consider the costs that the Naval Reserve paid other military services for examinations. Many Naval Reserve facilities had Memorandums of Understanding (MOUs) and Military Inter-service Purchase Requests (MIPRs) with MTFs from other military services and paid them for examinations.

Figure 9.3: FY95 FNA Waiver Elimination Incremental Cost Bearers

**FY95 Cost Estimates and Medical Defects  
for Examination Components Not Required**

<b>Previously FNA Component:</b>	<b>FY95 # Exams Done</b>	<b># New Defects NCD</b>	<b># New Defects CD</b>	<b># New Defects TNPQ</b>	<b># Old Defects CD</b>	<b># Old Defects TNPQ</b>	<b>Estimated Incremental Cost (Excludes Cost of Exams Still FNA)</b>
Urinalysis (UA)	167	0	0	0	0	0	\$ 2,441
Complete Blood Count (CBC)	175	2	0	0	0	0	\$ 2,304
Prostate Specific Antigen (PSA)	21	1	0	0	0	0	\$ 662
Hematocrit	125	0	0	0	0	0	\$ 375
Blood Glucose	125	0	0	0	0	0	\$ 625
Phlebotomy	15	0	0	0	0	0	\$ 84

<b>Total Cost Estimate</b>	<b>\$</b>	<b>6,491</b>
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Figure 9.4: FY95 Cost Estimates and Medical Defects for Examination Components Not Required

waiver elimination. The Naval Reserve paid over \$413,392 in FY95 to fund the examination components they previously waived.

The incremental cost of FNA waiver elimination for FY95 was justified by the number of personnel identified to have medical defects because of waiver elimination. As stated previously in Chapter VIII, 46 members with medical defects considered disqualifying for military service were identified because of FNA waiver elimination. Once a Naval reservist is brought on active duty, the costs of medical treatment for a defect must be paid by the government unless the government can establish that the condition existed prior to entry (EPTE). A Naval reservist may also be entitled to medical disability if a defect cannot be determined to have EPTE. The cost of medical treatment and/or disability from the defects discovered because of FNA waiver elimination could have easily exceeded the FY95 estimated cost of FNA waiver elimination. Therefore the incremental cost of FNA waiver elimination is justified.

“The 1995 Naval Reserve Physical Examination Survey” only collected cost and medical defect data for examination components that were previously waived. Therefore, the volume of examination components included in this analysis is too small (e.g., 677 pap smears) to weigh the cost and benefits of specific examination components. As stated in Chapter VII, it is recommended that the use of information technology resources to collect epidemiological data be further investigated. It is also recommended that the ability to collect examination cost data be further investigated.

## **E. SUMMARY OF CHAPTER IX**

This chapter used data from “The 1995 Naval Reserve Physical Examination Survey” to estimate the FY95 incremental cost of FNA waiver elimination. FNA waiver elimination cost between \$602,056 and \$1,026,524 in FY95. The Naval Reserve paid most of this cost. Because of the large number of disqualifying defects identified, the cost to eliminate FNA waivers in FY95 appears justified.

## **X. NAVAL RESERVE IMMUNIZATIONS**

This chapter will briefly discuss the immunization status of the Naval Reserve as of November 1995. One of the main reasons why the Naval Reserve authorized "The 1995 Naval Reserve Physical Examination Survey" was because they wanted information about the medical readiness of the Naval Reserve. The periodic physical examination is one component that can indicate medical readiness. But the fact that a naval reservist has passed their periodic physical examination does not necessarily mean that they are "medically ready" for mobilization. There are other requirements non-medical reservists must meet to be medically ready such as immunizations and panograph or DNA testing. (DNA testing is now being phased in.)

For reservists who are medical personnel, "medical readiness" takes on an entirely different meaning. For this group of personnel, "medical readiness" is taken to mean that they are prepared to render medical treatment during war. In addition to medical requirements such as physical examinations, immunizations, panographs or DNA tests, the definition of "medical readiness" for these personnel should include training and manpower readiness. This thesis does not try to address the definition of medical readiness for medical personnel.

Question (45) was added to "The 1995 Naval Reserve Physical Examination Survey" to assess the immunization status of the Naval Reserve. This was done so that the survey could provide the Naval Reserve line community with a more comprehensive picture of the "medical readiness" of their non-medical Naval Reserve personnel. It should be noted, however, that the topic of "immunization readiness" has nothing to do with FNA waiver elimination. Therefore, this topic will be presented in this thesis only to the extent it was measured by the survey.

## **A. IMMUNIZATION READINESS**

Naval Reserve facilities were asked in survey question (45) to identify the number of their assigned personnel who were due for one or more immunizations required by NAVMEDCOMINST 6230.3. The facilities were directed to review medical records to determine a members' immunization status. The results of this question are shown in Figure 10.1, Naval Reserve Total Force Current Immunization Status November 1995. As of November 1995, 51 percent of the Naval Reserve Force were due one or more immunizations. This figure is probably not alarming since flu shots are due in November. November is not a good time to measure immunization status. Many facilities had large numbers of personnel due for immunizations because they had not given their flu shots yet. The fact that flu shots are normally given in November was overlooked in the design of the survey.

Many facilities complained that it would have been easier for them to report on their members' immunization status using the Reserve Standardized Training and Administration Readiness System (RSTARS). RSTARS, however, provides a more detailed report. Evidently RSTARS is able to report the number of personnel due for each specific immunization, but not how many personnel are fully immunized. For example, RSTARS reports can be generated to determine the number of personnel who are due for typhoid shots and tetanus shots, but RSTARS cannot show how many personnel have all of their shots. Therefore, a significant finding of the survey was that it is easier for the reserve facilities to report the number of their personnel due for each immunization, rather than the total number who have achieved immunization readiness.

Figure 10.2, Immunization Status of the Naval Air and Surface Reserve Force November 1995, breaks down the data shown in Figure 10.1 into Air and Surface Reserve components. Both forces had similar immunization statuses.

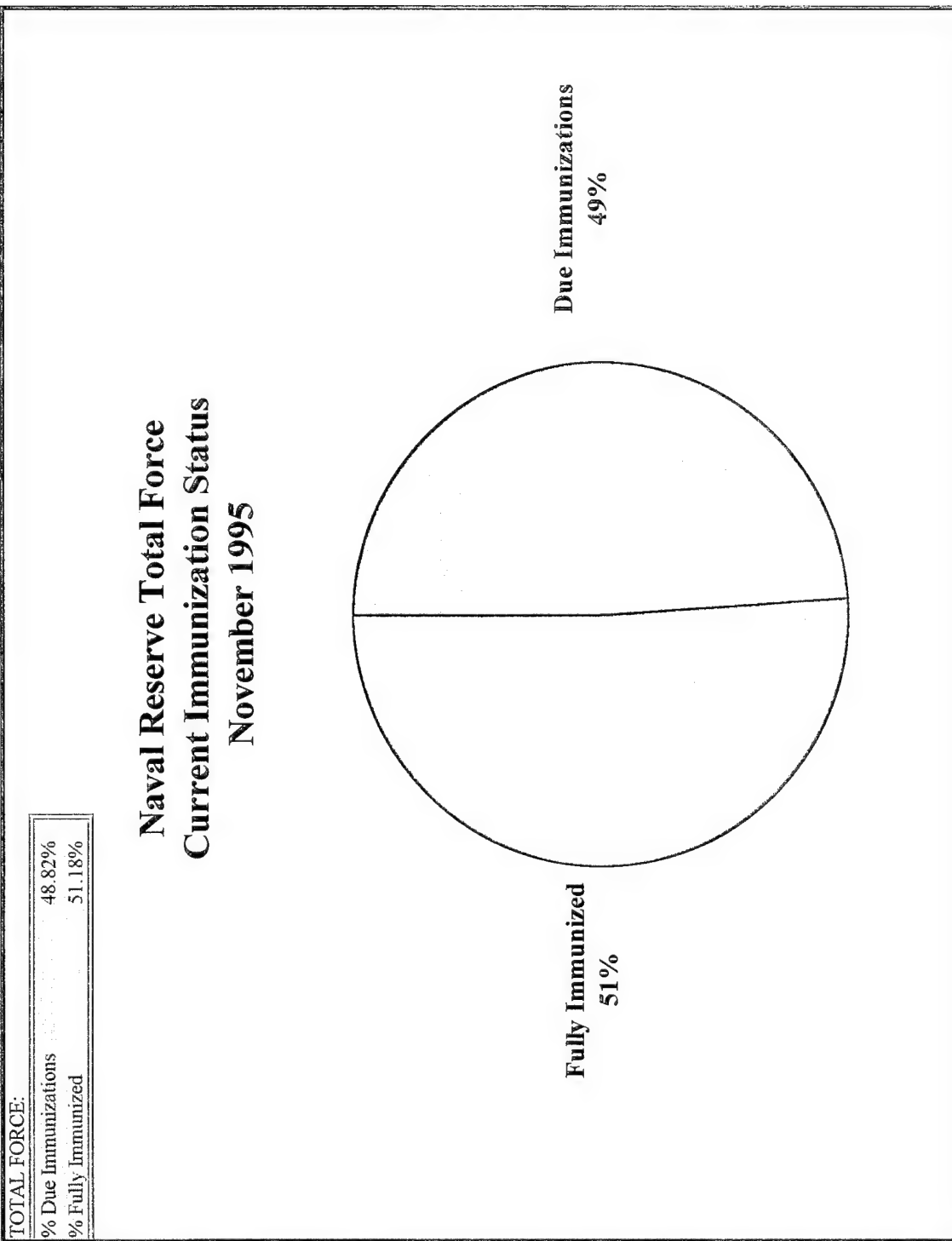


Figure 10.1: Naval Reserve Total Force Current Immunization Status November 1995.

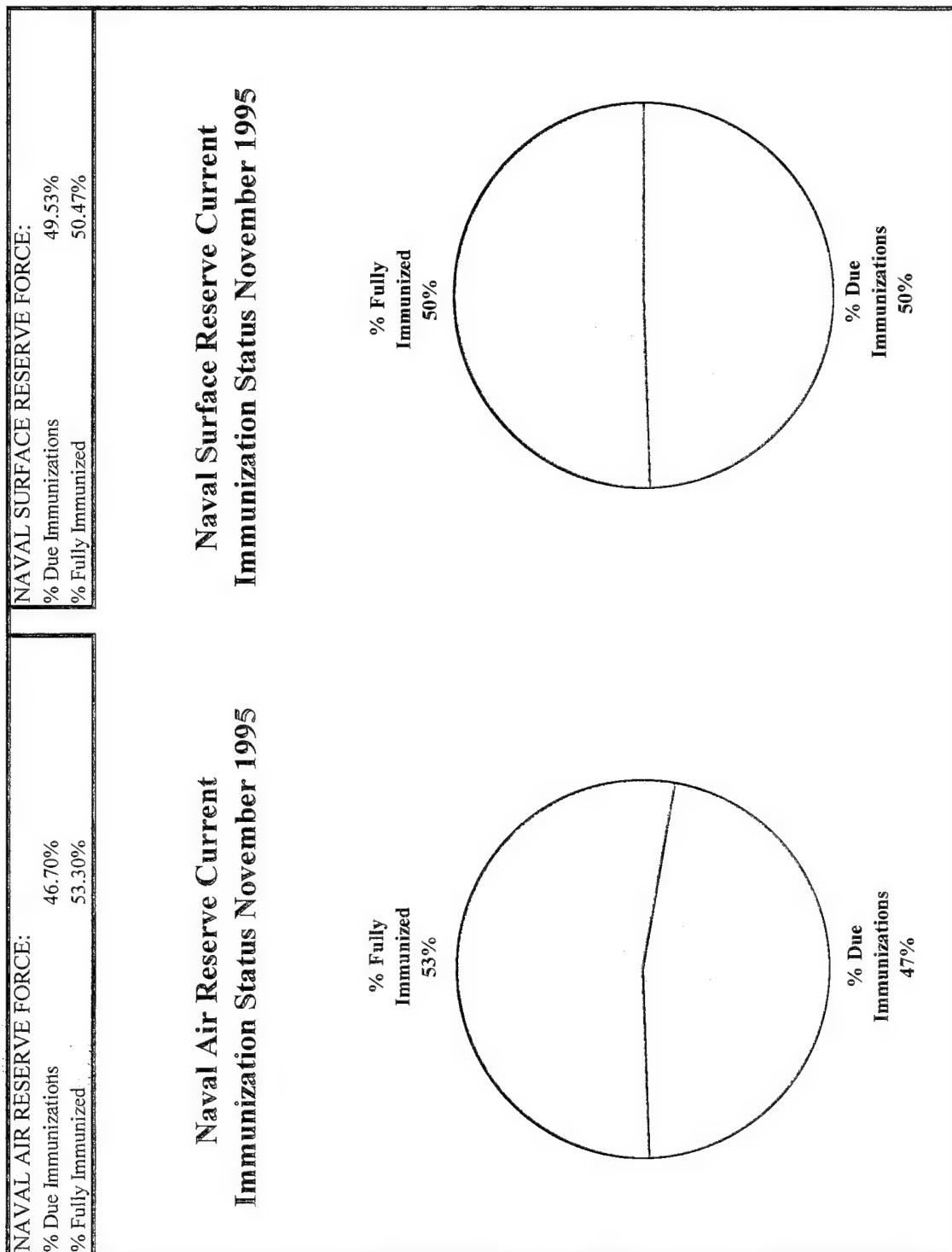


Figure 10.2: Immunization Status of the Naval Air and Surface Reserve Force  
November 1995



## **B. CHAPTER X CONCLUSION**

Two conclusions about immunization readiness can be drawn as a result of the survey. The first conclusion is that November is a bad time of year to measure immunization readiness. The second conclusion is that it is easier for Naval Reserve facilities to provide specific immunization readiness information by using RSTARS than it is for them to review their health records. (It should be noted however that they were only asked to review their health records for this information since they were already required to review their health records. Facilities were also required to review their health records for periodic physical examination completeness and the medical outcome for examination components that they previously waived.)



## **XI. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

This chapter begins by briefly summarizing the information, conclusions and recommendations presented in the prior chapters of this thesis. The main conclusion for this thesis is then presented. The recommendations made by this thesis are then listed separately for the convenience of the reader.

### **A. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

The main goal of this thesis was to determine the impact that FNA waiver elimination had on the periodic physical examination system of the Naval Reserve. Specifically, the goal was to assess the impact that FNA waiver elimination had on periodic physical examination delivery methods, effectiveness and cost. The elimination of FNA waivers was shown to have impacted all three of these areas.

Chapters I, II and III provided the background information necessary to evaluate FNA waiver elimination. Chapter I introduced the concept of FNA waivers and explained the history behind their elimination. When FNA waivers were authorized, Naval Reserve facilities did not have to provide a complete periodic physical examination. FNA waivers allowed Naval Reserve facilities to waive any portion of the periodic physical that was not locally available "FNA." The main reason FNA waivers were eliminated was so that the Naval Reserve could ensure that their personnel were medically fit. They could not ensure that their personnel were fit when FNA waivers existed because the waivers allowed facilities to perform incomplete periodic physical examinations.

Chapter II described the Naval Reserve physical examination system. The three main types of physical examinations used by the Naval Reserve, their documentation, policy development, and delivery environment were introduced. The three main types of physical examinations used by the Naval Reserve are the periodic physical, the accession physical and the special purpose physical. Three primary sources of documentation are used for Naval Reserve physical examinations, The Annual Certificate of Physical

Condition (NAVMED 6120/3), The Report of Medical Examination (SF88) and The Report of Medical History (SF93). [Appendixes C, D and E] Most of the physical examination policy for the Naval Reserve is established by BUMED and published in Chapter 15 of MANMED. The delivery environment for physical examinations in the Naval Reserve is complicated because many facilities are remote to medical care and they lack medical staff or equipment. Time restrictions also exist for the delivery of Naval Reserve physical examinations. Examinations must be delivered during drill weekends and they must compete with the accomplishment of multiple training requirements during this time period.

FNA waivers elimination increased the scope of the Naval Reserve periodic physical examination. Therefore, Chapter III provided the background about periodic physical examinations needed to study the efficacy of FNA waiver elimination. The main goal of Chapter III was to learn about periodic physical examination programs and their capabilities. Chapter III reviewed and summarized civilian medical literature to determine the capabilities of periodic examination and medical screening programs. In order to obtain an understanding of what these programs can accomplish, the benefits and costs for examination programs were reviewed and succinctly summarized in Figures 3.1 and 3.2.

Chapter III also explored the topic of periodic physical examination design. The recommendations for effective examination program design were reviewed and summarized in Figure 3.3. Recommendations for program design focus on what examination components periodic physical examinations should contain. Now that FNA waivers are eliminated, all of the examination components required for Naval periodic physical examinations must now be accomplished for Naval reservists. The decision, whether or not to eliminate FNA waivers, was a decision that centered around what examination components a periodic physical examination should contain.

Chapter III found that several opportunities may exist to improve the design of the Naval periodic examination program. These possible improvements are, the addition of risk factors, life cycle and family medical history assessment, using occupational health personnel to deliver examinations, computerizing the physical examination process, and

including flexibility and strength testing. These topics were not studied because they are unrelated to the topic of FNA waiver elimination. Further research into these areas is strongly recommended.

Chapters IV and V examined the goals of the Naval Reserve periodic physical and the main historical reasons why personnel have been found unfit for duty. Both of these topics must be understood to assess FNA waiver elimination. The goals for the periodic examination must be understood in order to see whether or not FNA waiver elimination improved the physical's ability to meet these goals. To determine the main historical reasons why personnel have been found unfit for duty, Chapter IV examined retrospective data from the PEB and CNRF. If FNA waiver elimination increased the ability of the periodic physical to meet its goals or to target the main reasons personnel been found unfit, then it can be considered a successful change in health care policy.

The formal goal for periodic examinations is to ensure that personnel are fit for their occupational specialty and whatever future duty assignments may be expected for that occupation. Chapter IV determined that this goal is not well understood by the Naval Reserve. The Naval Reserve primarily identified "determining fitness for mobilization" as the goal for the periodic examination. Chapter IV showed that the goal to "determine fitness for mobilization" may not be as comprehensive as the goal to determine fitness for an occupational group. It is recommended that the formal goal for periodic examinations be more clearly defined so that personnel understand what they are suppose to accomplish with periodic examinations. A new DoD directive is expected to be released soon that may help to clarify the goals for periodic examinations.

The leading historical reasons why Naval Reserve personnel have been found unfit was summarized in Table 5.1. The elimination of the authority to waive the lipid panel, EKG, and chest x-ray (when indicated) was found to have possibly improved the Naval Reserve's ability to target several of the leading reasons why their personnel have been found unfit. These leading reasons were, cardiology and circulatory, internal medicine and endocrine, and respiratory and asthma. However, the two main reasons why Naval Reserve personnel have been found unfit were orthopaedic and psychiatric problems.

These reasons were not addressed by FNA waiver elimination. Further research is recommended to find methods to target and reduce the prevalence of orthopaedic and psychiatric problems. It is possible that the strength and flexibility testing mentioned in Chapter III might help to reduce the prevalence of orthopaedic problems.

Chapters I to V provided the knowledge about the Naval Reserve physical examination system and periodic examinations necessary to design a survey to assess the impacts of FNA waiver elimination. The survey designed was entitled, "The 1995 Naval Reserve Physical Examination Survey" and was authorized by RADM Hall, The Director of the Naval Reserve Force. The survey collected data about the distance to local DoD and VA Medical facilities, patient demographics, periodic physical examination delivery and cost, and medical test results for examination components previously waived.

Chapters VI to X analyzed data from the survey.

Chapter VI further described the delivery environment for Naval Reserve periodic physical examinations using data from the survey. One of the primary reasons FNA waivers were authorized in the past was because Naval Reserve facilities were considered remote to DoD medical care. For this reason, the survey measured the distance from Naval Reserve facilities to DoD and VA medical facilities. The survey found that although some Naval Reserve facilities were remote, 65 percent had a DoD medical facility within 60 miles and 73 percent had a facility within 80 miles. The survey also showed that if national access to the VA for physical examinations could be negotiated, then the number of Naval Reserve facilities with a medical facility within 60 miles could be increased to 87 percent. The survey indicated that some Naval Reserve facilities may not know what DoD medical facilities are closest to them. Several survey responses had to be corrected because a MTF was known to be closer to the reserve facility than the one that the facility named. It is recommended that the use of the Regional Tricare lead agent offices be investigated to help Naval Reserve facilities identify and gain access to local medical facilities.

Chapter VI also described the periodic physical examination patient demographic data collected by the survey. The survey found that although most Naval Reserve

facilities have small populations, most Naval reservists are assigned to large Naval Reserve facilities. (Sixty-nine percent of the population is assigned to facilities with more than 500 personnel.) A small volume of physical examinations is also delivered at these small Naval Reserve facilities. Sixty-seven percent of Naval Reserve facilities reported delivering fewer than 100 physical examinations (of all types) in FY95. The yearly required volume of physical examinations should be considered when reserve facilities develop their physical examination delivery plans. Many facilities with small populations were still delivering physical examinations every drill weekend. It may be possible to save money and improve MTF access if these facilities would consolidate their physical examination delivery to several times a year.

The physical examination volume statistics from chapter IV also indicated that the Naval Reserve is delivering a large number of accession physical examinations. It is one of the duties of MEPS to deliver these examinations, but there is evidence that MEPS does not provide the level of service required by Naval Reserve recruiters for accession physicals. If the ability of MEPS to meet the customer service requirements of Naval Reserve recruiting can be improved, substantial cost savings could be gained. Further research into this area is strongly recommended.

Chapters VII, VIII and IX used data from the survey to measure the impact of FNA waiver elimination. The main goal of this thesis was to determine these impacts. For this reason, these chapters were the most important in the thesis.

Chapter VII described the impact of FNA waiver elimination on periodic physical examination delivery. The survey showed that 70 percent of Naval Reserve facilities had used FNA waivers in the past. This meant that 70 percent of Naval Reserve facilities were not performing complete periodic physicals. These facilities had to find a method to deliver complete physical examinations once FNA waivers were eliminated.

The survey measured three methods used by Naval Reserve facilities to deliver periodic exams. These three methods were, performing the entire physical at the Naval Reserve facility (method a), performing part of the physical at the Naval Reserve facility and obtaining part from an outside source (method b) or performing the entire physical at

an outside source (method c). Chapter VII showed that the number of facilities which performed the entire examination themselves (method a) declined from 74 percent to 20 percent after FNA waivers were eliminated. It also showed that the number of facilities which obtained the entire physical examination from an outside source increased from 29 to 46 percent (method c). Forty-nine percent of Naval Reserve facilities reported that they had changed the method they used to deliver periodic physicals because FNA waivers were eliminated. It is easy to conclude, therefore, that FNA waivers elimination significantly affected the methods used by the Naval Reserve to deliver periodic physical examinations.

Chapter VII did not show a significant increase in the number of non-Naval medical facilities used by reserve facilities which obtained their entire examination from other sources. In both the FNA and post FNA waiver periods, primarily Naval MTFs were used (74 to 71 percent). The reasons why more non-naval military medical facilities are not used should be reviewed further to see if access to the facilities of other services can be improved. It was also found that only one reserve facility uses MEPS as a source for periodic examinations. It is therefore recommended that use of MEPS facilities for periodic physicals be further studied since many reserve facilities have a MEPS facility locally.

Chapter VII also showed that 44 percent of Naval Reserve facilities used a mixed method (method b) to deliver periodic physical examinations as of November 1995. This finding is significant since the Navy Surgeon General, VADM Koenig, has a goal to have physical examinations delivered in "one stop". Many of the reserve facilities that use a mixed method to deliver physical examinations are not "one stop." This group would have to be targeted for reduction to achieve the Surgeon General's goal.

There are still some serious occupational and medical quality issues that need to be addressed in order to minimize the risks associated with delivering physical examinations in Naval Reserve facilities. Chapter VII showed that many Naval Reserve facilities are drawing blood and shooting x-rays. Federal regulations concerning infection control, handling of hazardous body fluids and monitoring of ionizing radiation must be observed.



It is recommended that a medical quality assurance program be promulgated to oversee these activities and to minimize legal risks.

Chapter VII also found that many Naval Reserve facilities (57 of 198) still did not have access to complete periodic physical examinations. The reasons they cited for this were inadequate funding and inability to access DoD medical facilities on drill weekends. It is recommended that these problems be eliminated so that complete periodic physical examinations can be accomplished.

The Naval Reserve did a good job eliminating FNA waivers and delivering complete periodic examinations to their personnel. Chapter VII showed that in FY95 the Naval Reserve managed to raise the number of their personnel who had complete examinations from 25 percent to 64 percent. Many personnel believe that it is difficult for physical examinations to compete for drill time with training readiness requirements in order to be accomplished. In November 1995, the survey showed that 94 percent of the Naval Reserve had current periodic physicals. This finding suggests that physical examinations are competing adequately.

Chapter VIII measured the medical findings for examination components that Naval Reserve facilities had previously waived FNA. This chapter found that 632 new non-disqualifying defects, 46 disqualifying defects and 25 potentially disqualifying defects were identified at facilities which had previously waived these examination components. These findings were summarized in Figure 8.1. The high number of disqualifying defects identified proves that FNA waiver elimination increased the effectiveness of the periodic physical examination. The identification of these defects was significant because the severity or presence of these medical defects was not known prior to the examination. These findings therefore prove that periodic physical examination programs can detect medical conditions that are unknown prior to examination.

Chapter VII also found that the medical defects identified by the survey were clustered in regional groups. This clustering could indicate regional health trends, inadequate medical test procedures or incorrect survey responses. Further research is warranted to determine if all medical defects (not just those from previously waived

exams) cluster in regional groups. If they do then it may be possible to reduce the prevalence of defects in the Naval Reserve. This could be done by targeting regional health trends with medical education programs.

Both Chapter III and Chapter VIII show that the collection of epidemiological data gathered during the periodic physical examination process is very useful. It can be used to identify faulty medical equipment, establish regional health trends, and detect disease prevalence. It is recommended that the use of information technology resources to accomplish physical examination epidemiological data collection be investigated.

Chapter VI estimated the incremental cost of FNA waiver elimination. This estimate was determined using either the actual purchase price, the CHAMPUS CMAC rate or the average unit cost for examination components previously waived. The estimated incremental cost of FNA waiver elimination was between \$602,056 and \$1,026,524 for FY95. The Naval Reserve paid most of the cost of FNA waiver elimination (\$413,392 in FY95). The high number of Naval Reserve personnel identified with defects easily justifies this cost.

In Chapter X the current immunization status of the Naval Reserve Force was measured for November 1995. This topic has nothing to do with FNA waiver elimination, but was measured by the survey in an attempt to provide the Naval Reserve with more comprehensive medical readiness information from the survey. The survey found that 51 percent of the Naval Reserve Force were due for at least one immunization in November of 1995. This finding is probably not alarming since flu shots are due in November. Chapter X had two main findings. The first finding was that November is not a good time to measure immunizations because annual flu shots are due then. The second finding was that it is easier for the Naval Reserve to report on immunization readiness for a specific immunization than on a specific individual using RSTARS. RSTARS can generate computer reports on the number of personnel due for a specific immunization, but it can not generate a report showing the number of personnel fully immunized.

## **B. MAIN THESIS CONCLUSION**

The elimination of FNA waivers had a tremendous impact on the Naval Reserve physical examination system. It substantially changed the way that periodic physical examinations were delivered to Naval Reservists and it significantly improved the effectiveness of the Naval Reserve periodic physical examination. The elimination of FNA waivers directly resulted in the identification of 632 new non-disqualifying medical defects, 46 disqualifying defects and 25 potentially disqualifying defects for Naval reservists. FNA waiver elimination also impacted the cost of periodic physical examinations. For FY95 the cost to provide examinations previously waived was estimated as between \$602,056 and \$1,026,524. This cost is justified by the dramatic improvement achieved in the effectiveness of the periodic examinations. The elimination of FNA waivers was a successful and needed change in health care policy for the Naval Reserve.

## **C. CONSOLIDATED LIST OF RECOMMENDATIONS**

### **1. Recommendations for Further Research**

The following issues should be considered important topics for further research:

1. The assessment of risk factor, life style and family medical history for periodic examinations
2. The use of occupational health personnel to deliver examinations
3. The computerization of the periodic physical examination process
4. Methods to target and reduce the prevalence of orthopaedic and psychiatric problems. The inclusion of flexibility and strength testing in periodic examinations may be useful to identify and reduce the number of orthopaedic problems

5. The use of MEPS facilities for Naval Reserve accession physicals should be further studied. If it is found that MEPS can not meet the customer service requirements of the Naval Reserve, then methods to achieve the level of service required by the Naval Reserve should be studied.
6. Ways to increase the use of MEPS and the medical facilities of other services to obtain periodic physical examinations
7. The use of information technology resources to collect the epidemiological data gathered during physical examination

## **2. Recommendations**

The following recommendations are made:

1. FNA waivers should continue to be disallowed.
2. The formal goal for periodic examinations needs to be more clearly defined so that personnel understand what they are suppose to accomplish with the periodic examination.
3. The Regional Tricare Lead Agent offices should be used to help Naval Reserve facilities identify and gain access to local medical facilities.
4. A medical quality assurance program should be promulgated to ensure compliance with infection control, occupational health, and other federal health regulations in order to minimize legal risks.
5. The use of physical examination delivery methods by Naval Reserve facilities that result in the physical examination requiring more than "one stop" to be completed should be reduced.
6. Naval Reserve facilities should consider the volume of physical exams they need to perform yearly when developing their physical examination delivery plans. Facilities that require a small volume of exams should try to consolidate their physical examination delivery by performing examinations several times yearly instead of every drill weekend.
7. The problems faced by Naval Reserve facilities that still do not have access to complete examinations should be resolved. These problems can probably be resolved by increasing their funding or by helping them to obtain weekend access to MTFs.

**APPENDIX A.**  
**THE 1995 NAVAL RESERVE PHYSICAL EXAMINATION SURVEY**





DEPARTMENT OF THE NAVY

COMMANDER NAVAL RESERVE FORCE

NEW ORLEANS, LOUISIANA 70146-5000

IN REPLY REFER TO

6000

Ser N00/00791

12 Oct 95

MEMORANDUM FOR NAVAL RESERVE FORCE

Subj: SURVEY ON MEDICAL READINESS

Encl: (1) Naval Reserve Physical Examination Survey

1. Attached is a questionnaire prepared by Naval Post Graduate School which will help us assess the status of Naval Reserve medical readiness, an issue of utmost importance to the Naval Reserve and to the Navy.
2. Every Naval Reserve Activity has been tasked to complete the survey. Your attention to the deadline and the accuracy of the data provided is extremely important because the results of this effort will provide a foundation for future policy and funding decisions on the medical readiness of the Naval Reserve Force. This effort has my highest interest.
3. If you have questions about the contents or purpose of the survey, the Reserve Force point of contact is HMCM Jackson, at (504) 678-1089 or DSN 678-1089.

*T. F. Hall*

T. F. HALL

Rear Admiral, U.S. Navy

Commander, Naval Reserve Force





# Naval Reserve Physical Examination Survey

This survey is being conducted to assess the impact of a change in health policy for the Naval Reserve Force; the elimination of the use of "facility not available" (FNA) waivers for parts of physical examinations when local medical facilities were not available. Data collected by this survey will be used in conjunction with data generated from other sources to perform a health systems analysis of the elimination of FNA waivers.

This survey attempts to consider the many different methods used by reserve facilities to meet physical examination requirements in its design, however other methods may exist. If you find you can not correctly answer a survey question as it is posed or if you have other questions about the survey please seek further instruction.

Questions may be referred to:

LT Kim Ransom, MSC, USN  
Health Resources Study Center (Code 65)  
Naval Postgraduate School,  
Monterey, CA 93943-5301  
Telephone (408)-373-8638

***Survey responses are due NLT 20 November 1995.*** For your convenience a pre-addressed envelope has been enclosed for you to submit your survey.



# Naval Reserve Physical Examination Survey

## A. Reserve Facility Information:

Reserve Facility Name: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Readiness Command  
Region Number: \_\_\_\_\_  
Name of Person Completing Survey: \_\_\_\_\_  
Rank and Rate or Designator of Person Completing Survey: \_\_\_\_\_  
Telephone of Person Completing Survey: (\_\_\_\_) \_\_\_\_\_

## B. Reserve Population Information: *Please complete as indicated.*

1. For the following categories of reserve personnel give the number of personnel presently attached to your reserve center/facility:
  2. Selected Reservists: .....
  3. VTU Reservists: .....
  4. Total (sum of lines 2 and 3): .....
5. Give the number of other personnel for whom you provide *Naval periodic* physical examinations as described in Chapter 15 of the Naval Manual of the Medical Department (MANMED):
  6. Military Staff (TAR or Active Duty):.....
  7. Naval Personnel Assigned to Other Local Commands:.....
  8. Other: (Explain: \_\_\_\_\_).....
  9. Total (sum of lines 6, 7, and 8):.....
10. Give the number of assigned reserve Selected Reserve and VTU personnel due for periodic physical examinations as described in MANMED Chapter 15:
  11. Total number of assigned personnel currently due periodic physicals: .....
  12. Of the total number personnel identified in question 11, how many of these personnel became due for their physicals within the last 3 months:.. ..

### C. Geographic Medical Facility Information:

13. Name the Military Medical Treatment Facility (MTF) closest to your reserve facility: (Note: This does not have to be the facility you are using to obtain physical exams.)
- \_\_\_\_\_

14. Circle the Service of the MTF identified in question 13:

USN/USMC      USAF      USA      USCG

15. Give the driving distance to the (MTF) identified in question 13:.....  
(Cite the *one-way mileage authorized for travel reimbursement if available.*)

16. Name the Veteran's Administration (VA) Medical Facility closest to your reserve facility. (VA Hospital or Clinic):
- \_\_\_\_\_

17. Give the driving distance to the VA Facility identified in question 16: ...

18. Name the Military Entrance Processing Station (MEPS) closest to your reserve facility:
- \_\_\_\_\_

19. Give the driving distance to the MEPS identified in question 18:.....

### D. Historical Physical Exam Data:

*Enter  
Number:*

20. Give the number of the following types of physical exams performed on the personnel assigned to your facility for the one year period of 01 October 1994 to 30 September 1995. Do NOT count "Annual Certifications of Physical Conditions".

21. Number of Periodic Physical Exams:.....
22. Number of Accession Physical Exams:.....
23. Number of Special Purpose Physical Exams:  
(*Examples: Flight, Diving, Ionizing Radiation, etc.*).....
24. Number of Other Physical Exams:.....  
Explain: \_\_\_\_\_
25. Total number of physical examinations performed  
(Sum of lines 21, 22, 23, and 24).....

26. Of the periodic physical exams you identified in question 21 give the number of those exams that were performed on the following groups: Enter  
Number:
- a. Number of periodic exams performed on women ages 17-39 ..... \_\_\_\_\_
  - b. Number of periodic exams performed on women ages 40 and older..... \_\_\_\_\_
  - c. Number of periodic exams performed on men ages 17-39..... \_\_\_\_\_
  - d. Number of periodic exams performed on men ages 40 and older..... \_\_\_\_\_

27. Prior to February 1994, how did your reserve center/facility obtain periodic physical examinations for its personnel assigned? Check:
- a. The *entire* periodic physical examination was being performed in our reserve facility. (No services were being purchased)  
(Skip to question 33) \_\_\_\_\_
  - b. Part of the periodic physical examination was being performed in our reserve facility, parts were sent out or purchased.  
(Skip to question 32) \_\_\_\_\_
  - c. The *entire* periodic physical examination was being obtained from another facility. (Go to question 28) \_\_\_\_\_

28. Place a check next to the facility where were your periodic physical examinations were obtained prior to February 1994?
- a. Military Treatment Center (MTF)..... \_\_\_\_\_
  - b. Naval Air Reserve Unit (NARU)..... \_\_\_\_\_
  - c. Veteran's Administration (VA) Medical Facility..... \_\_\_\_\_
  - d. Another Reserve Center/Facility..... \_\_\_\_\_
  - e. Military Entrance Processing Station (MEPS)..... \_\_\_\_\_
  - f. Civilian Medical Facility (Enter price per physical: \_\_\_\_\_ or  
if billing is itemized please modify question 32) \_\_\_\_\_
  - g. Other (Explain: \_\_\_\_\_)..... \_\_\_\_\_

29. Name the facility you identified in question 28:

\_\_\_\_\_

30. Give the driving distance to the facility you identified in question 28: \_\_\_\_\_

31. Circle the service of the facility identified in question 28:  
(Then skip to question number 33 )

USA      USAF      USN/USMC      USCG      Not Applicable

***Please skip to question 33***

**32. Instructions: Please answer for PERIODIC physical exams done before February 1994 only.**

(An example solution is given in Appendix A.)

**Column 1:** Place a check next to the parts of the physical exam that you purchased or obtained from another facility.

**Column 2:** Enter (using the numbers from the following list) where you obtained the parts of the exam checked in "Column 1".

- 1- Military Treatment Facility**      **3- MEPS**      **5- Other Reserve Facility**      **7- Other:** \_\_\_\_\_  
**2- VA Medical Facility**              **4- NARU**      **6- Civilian Purchase**      **(Explain: \_\_\_\_\_)**

**Column 2a:** Enter the service (using the numbers from the following list) if a military facility was used to obtain parts of the exam:

- 1- USA**      **3- USN/USMC**      **5- Tri-Service Facility:** \_\_\_\_\_  
**2- USAF**      **4- USCG**      **6- Other: (Explain: \_\_\_\_\_)**

**Column 3:** Enter the dollar amount *per exam* for any service you indicated was obtained through civilian purchase.

**Comments:** List any additional explanatory remarks under comments. Examples: Testing Only- Blood Drawn Here.

<u>Column One</u>	<u>Check</u> <u>Exams:</u>	<u>Column 2</u> <u>Facility Type:</u>	<u>Column 2a:</u> <u>Service:</u>	<u>Column 3:</u> <u>Unit Cost:</u>	<u>Comments:</u>
Physician's Examination	_____	_____	_____	_____	_____
Pap Smear	_____	_____	_____	_____	_____
Mammogram	_____	_____	_____	_____	_____
Stool Guaiac	_____	_____	_____	_____	_____
Dentist's Examination	_____	_____	_____	_____	_____
Dental X-Rays/Panographs	_____	_____	_____	_____	_____
HIV	_____	_____	_____	_____	_____
Serology/RPR	_____	_____	_____	_____	_____
Lipid Profile	_____	_____	_____	_____	_____
G6PD/Sickle Cell	_____	_____	_____	_____	_____
EKG	_____	_____	_____	_____	_____
Chest X-Ray	_____	_____	_____	_____	_____
Audiogram	_____	_____	_____	_____	_____
Visual Acuity	_____	_____	_____	_____	_____
Refraction	_____	_____	_____	_____	_____
Tonometry	_____	_____	_____	_____	_____
Other: (List):	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**E. Current Physical Exam Data:**

*Circle:*

33. Refer to question 27. Is the way your reserve center/facility *now* obtains periodic physical exams different than you indicated in question 27? Yes No

34. Prior to February 1994 MANMED allowed parts of the periodic physical examination to be waived if local facilities were not available (FNA) to conduct that part of the exam. Prior to February 1994 did your reserve center/facility waive any portions of the physical exam as "FNA"? (Circle appropriate response) Yes No

*If you answered "no" to both questions 33 and 34 please skip to question 44. If you answered "no" to question 33 and "yes" to question 34 please skip to question 43. All others please continue.*

35. Did your reserve center/facility change the way it obtained periodic physical examinations because of the elimination of FNA waivers? Yes No

36. As of what date did you change the way you obtain periodic physicals: \_\_\_\_\_

37. How does your reserve center/facility now obtain periodic physical examinations for its personnel assigned? (Check appropriate response) *Check:*

a. The *entire* periodic physical examination is performed in our reserve facility. No services are purchased. (Skip to question 43) \_\_\_\_\_

b. Part of the periodic physical examination is performed in our facility, parts are sent out or purchased. (Skip to question 42) \_\_\_\_\_

c. The *entire* periodic physical examination is obtained from another facility. (Go to question 38) \_\_\_\_\_

38. Place a check next to the facility where your periodic physical examinations are now obtained:

- a. Military Treatment Center (MTF).....
- b. Naval Air Reserve Unit (NARU).....
- c. Veteran's Administration (VA) Medical Facility.....
- d. Another Reserve Center/Facility.....
- e. Military Entrance Processing Station (MEPS).....
- f. Civilian Medical Facility (Enter price per physical: \_\_\_\_\_ or if billing is itemized please modify question 41).....
- g. Other (Explain: \_\_\_\_\_).....

**39. Name the facility you identified in question 38:**

\_\_\_\_\_

**40. Give the driving distance to the facility you identified in question 38:**

\_\_\_\_\_

**41. Circle the service of the facility identified in question 38:**

USA    USAF    USN/USMC    USCG    Not Applicable

***Please skip to question 43***



**42. Instructions: Please answer for how you obtain PERIODIC physical examinations NOW.** (An example solution is given in Appendix A.)

**Column 1:** Place a check next to the parts of the physical exam that you purchase or obtain from another facility.

**Column 2:** Enter (using the numbers from the following list) where you obtain the parts of the exam checked in "Column 1".

1- Military Treatment Facility      3- MEPS      5- Other Reserve Facility      7- Other: \_\_\_\_\_

2- VA Medical Facility      4- NARU      6- Civilian Purchase      (Explain: \_\_\_\_\_)

**Column 2a:** Enter the service (using the numbers from the following list) if a military facility was used to obtain parts of the exam:

1- USA      3- USN/USMC

2- USAF      4- USCG

**Column 3:** Enter the dollar amount *per exam* for any service you indicated is obtained through civilian purchase.

**Comments:** List any additional explanatory remarks under comments. Examples: "Testing Only- Blood Drawn Here", or "Funding provided to other facility for service; Amount: \$XX.00 "

**Column One**

**Check**

**Column 2**

**Column 2a:**

**Column 3:**

**Comments:**

**Exams:**

**Facility Type:**

**Service:**

**Unit Cost:**

Physician's Examination

Pap Smear

Mammogram

Stool Guaiac

Dentist's Examination

Dental X-Rays/Panographs

HIV

Serology/RPR

Lipid Profile

G6PD/Sickle Cell

EKG

Chest X-Ray

Audiogram

Visual Acuity

Refraction

Tonometry

Other: (List):

## F. FNA Waiver Information:

### 43. Instructions: (Refer to Appendix B for an illustrated example of solution.)

**Column 1:** Place a check next to any part of the periodic physical waived by your facility as "Facility Not Available" (FNA) now or prior to February 1994.

**Column 2:** Enter the cost per exam if you now purchase the part of the physical exam checked in "Column One".

**To Complete Columns 3 to 4b:** To enter a count for these columns you must review the medical records of the personnel who have now had the exams you checked in "column one" from when you started doing them until 30 September 1995. **An actual screening of the member's health record is required. (RSTARS data will not suffice.) IMPORTANT: Question 44 and 45 also require a health record review. READ questions 43, 44, and 45 thoroughly before continuing. You can answer questions 43, 44 and 45 concurrently so that you don't have to perform more than one health record screening on your personnel.**

**Column 3:** Enter the number of new medical problems found in the exams. A "new" medical problem is defined as: any medical problem that was *not* previously documented in the member's health record that has been listed by the examiner in the "Summary of Defects", block 74, on the Report of Medical Examination (SF88). **If you are still waiving a part of the physical as FNA enter "FNA" here.**

**Column 3a:** Enter the number of exams from column 3 that were determined "considered disqualifying (CD)" by the examining physician.

**Column 3b:** Enter the number of exams from column 3 for which members are *currently* classified as Temporarily Not Physically Qualified (TNPQ).

**Column 4a:** Enter the number of old medical problems *now* CD found in the exams. A "old" medical problem is defined as any medical problem that was *previously* documented in the member's health record, identified by the examiner in Block 74 on the SF88.

**Column 4b:** Enter the number of old medical problems identified on the exams for which members are *currently* classified as TNPQ.

<u>Column One:</u>	<u>Check</u>	<u>Column 2:</u>	<u>Column 3:</u>	<u>Column 3a:</u>	<u>Column 3b:</u>	<u>Column 4a:</u>	<u>Column 4b:</u>
Exams:	Unit Cost:	# New Cases:	# New CD:	# New TNPQ:	# Old CD:	# Old TNPQ:	
Pap Smear							
Mammogram							
Stool Guaiac							
Dentist's Examination							
Dental X-Rays/Panographs							
HIV							
Serology/RPR							
Lipid Profile							
G6PD/Sickle Cell							
EKG							
Chest X-Ray							
Audiogram							
Visual Acuity							
Refraction							
Tonometry							
Other: (List):							

44. To complete this question count only the reserve personnel presently attached to your reserve facility for whom you are responsible to maintain physical examination requirements in accordance with MANMED Chapter 15.

*NOTE: The following questions if answered correctly should result in the following sum:*

$$[ \text{question "a"} ] = [ \text{question "b"} ] + [ \text{question "c"} ] + [ \text{question "d"} ]$$

- a. Enter the total number of personnel that you identified in question 4:..... \_\_\_\_\_
  - b. Enter the number of these personnel who you have identified as being currently due for periodic physical examinations in question 11:..... \_\_\_\_\_
  - c. Enter the total number of personnel who have current physical examinations, but whose physical examinations contain a FNA waiver:.... \_\_\_\_\_
  - d. Enter the total number of personnel who have a current physical examinations that are complete (ie: contain no FNA waivers):..... \_\_\_\_\_
45. To complete this question count only the reserve personnel presently attached to your reserve facility for whom you are responsible to maintain immunization requirements in accordance with NAVMEDCOMINST 6230.3.

*NOTE: The following questions if answered correctly should result in the following sum:*

$$[ \text{question "a"} ] = [ \text{question "b"} ] + [ \text{question "c"} ]$$

- a. Enter the total number of personnel that you identified in question 4:..... \_\_\_\_\_
- b. Enter the number of these personnel who are currently due for one or more immunizations per NAVMEDCOMINST 6230.3:..... \_\_\_\_\_
- c. Enter the total number of personnel who are due no immunizations (are completely immunized per NAVMEDCOMINST 6230.3):..... \_\_\_\_\_

***Thank you for your participation.  
Please mail survey results in the envelope provided.***

**Appendix A:** The following is an example of a portion of questions 32 & 42 properly completed.

<u>Column One</u>	<u>Check:</u>	<u>Column 2:</u>	<u>Column 2a:</u>	<u>Column 3:</u>	<u>Comments:</u>
Pap Smear	X	7	6		Private MD Results Used
HIV	X	1	1		Blood Drawn Here
Lipid Profile	X	6		\$ 25.00	Test Only: Blood Drawn Here
Audiogram	X	Still FNA			Inadequate Funding
Other: (List):					
CBC		1	1		Examining Physician Requires

**Appendix B:** The following is an example of a portion of question 43 properly completed.

<u>Column One:</u>	<u>Check</u> Exams:	<u>Column 2:</u> Unit Cost:	<u>Column 3:</u> # New Cases: Still FNA	<u>Column 3a:</u> # New CD:	<u>Column 3b:</u> # New TNPQ:	<u>Column 4a:</u> # Old CD:	<u>Column 4b:</u> # Old TNPQ:
Pap Smear	X						
HIV	X	\$32.00	1	0	0	0	0
Lipid Profile	X	\$45.00	12	0	2	1	0
Visual Acuity	X	n/a	1	0	0	0	1
Refraction	X	\$41.00	0	0	0	0	0
Other: (List):							

**Do not double count diagnoses. Example: If a member was found disqualified on exam due to his eyesight not being correctable (a refraction problem), count this member under refractions (CD) NOT under both refractions and visual acuity.**

## Naval Reserve Physical Examination Survey

### Part A: Reserve Facility Information

RC	State	Facility Name	Facility Service	Facility Type	Zip Code	Point of Contact	Rank of POC	POC Telephone
1	NY	Albany	Naval and Marine Corps	Readiness Center	12203-1492	Robbins/ Curry	HM1	(518)-489-5441
1	ME	Augusta	Naval	Reserve Center	04330-6898	Hertzler	HM2	(207)-623-0005
1	ME	Bangor	Naval	Reserve Center	04401-5777	Silver	HM2	(207)-942-4388
1	NY	Frankfort (Utica)	Naval	Reserve Center	13340-1419	Miller	HM1	(315)-894-5382
1	NY	Glens Falls	Naval	Reserve Center	12801-2285	Jean-Baptiste	HM1	(518)-792-6368
1	NH	Manchester	Naval and Marine Corps	Reserve Center	13110-6000	Suthers	HM1(FMF)	(603)-471-0085
1	CT	New Haven	Naval and Marine Corps	Reserve Center	06512-3658	Ware	HM1(FMF)	(203)-467-0049
1	CT	Plainville	Naval and Marine Corps	Reserve Center	06062-2918	Bailey	HM2	(203)-747-4563
1	ME	Portland	Naval	Readiness Center	04101-4620	Weidman	HM1(FMF)	(207)-775-6555/6
1	RI	Providence	Naval	Readiness Center	02905-4233	Hancock	HMC	(401)-941-1540
1	MA	South Weymouth	Naval	Reserve Center	02190-5000	Gring	HM1 (AW)	(617)-6882-2000 X42
1	NY	Watertown	Naval	Reserve Center	13601-0247	Harrison	YN1	(315)-782-1851
1	VT	White River Junct.	Naval	Reserve Center	05401-5295	Coleman	HM1	(802)-295-0050
1	MA	Worcester	Naval and Marine Corps	Reserve Center	01605-2098	Art	HM2(SS)	(508)-853-5522
4	NY	Amityville	Naval and Marine Corps	Reserve Center	11701-1124	Disalvo	HM1(ASW) IDC	(516)-842-4850
4	NY	Bronx	Naval and Marine Corps	Reserve Center	10465-4196	Kane	HM1	(718)-931-7026
4	NY	Brooklyn	Naval and Marine Corps	Readiness Center	11234-7097	Pavlik	HM2 (AW)	(718)-258-0569
4	NY	Buffalo	Naval and Marine Corps	Readiness Center	14201-1096	Taylor	HM2	(716)-883-4283
4	NY	Fort Dix	Naval	Readiness Center	08640-7800	Vollum	HMC (AW)	(609)-723-7160 x144
4	NY	Horsesheds	Naval	Reserve Center	14845	Rogers	HM2	(607)-732-7950
4	NJ	Kearny	Naval	Readiness Center	07032-4619	Shaffer	HM2 (SW)	(201)-690-5908
4	DE	Lewes	Naval	Reserve Center	19958-1195	Thompson	HM1(PJ)	(302)-645-6631
4	PA	Philadelphia	Naval	Readiness Center	19112-5093	Closed		
4	NY	Rochester	Naval and Marine Corps	Reserve Center	14624-4796	Morris	HM1	(716)-247-6858
4	NY	Staten Island	Naval	Reserve Center	10305-5082	Closed		
4	NY	Syracuse	Naval	Reserve Center	13211-1999	Perkins	HM1	(315)-455-2441/2
4	DE	Wilmington	Naval and Marine Corps	Reserve Center	19808-5194	Carler	HM2	(302)-998-3328

Part A

RC	State	Facility Name	Facility Service	Facility Type	Zip Code	Point of Contact	Rank of POC	POC Telephone
6	MD	Adelphi	Naval	Reserve Center	20783-1198	Barbito	HMC	(301)-394-3418
6	PA	Avoca	Naval	Reserve Center	18641-2298	Motowski	HM1	(717)-457-8430
6	MD	Baltimore	Naval	Readiness Center	21230-5392	Kazebee	HM1	(410)-752-0245
6	WV	Charleston	Naval	Reserve Center	25313-1487	Saunier	HM2	(304)-776-2307
6	MD	Cumberland	Naval	Reserve Center	21502-2598	Fitzpatrick	HM2	(301)-777-3141
6	PA	Ebensburg	Naval and Marine Corps	Reserve Center	15931-8955	Plummer	HM2	(814)-472-5083
6	PA	Erie	Naval and Marine Corps	Reserve Center	16504-2098	Griffith	HM1 (SS)	(814)-866-3073
6	PA	Harrisburg	Naval and Marine Corps	Reserve Center	17110-1298	Powell	HM1	(717)-255-8069
6	WV	Huntington	Naval	Reserve Center	25704-2595	Logan	HM2	(304)-523-7471/72
6	PA	Lehigh Valley	Naval and Marine Corps	Reserve Center	18103-9503	Reichl	LCDR	(610)-264-8843
6	WV	Moundsville	Naval and Marine Corps	Reserve Center	26041-2347	Galasso	HM1	(304)-843-1759
6	PA	Pittsburg	Naval and Marine Corps	Readiness Center	15137-2209	Dullinger	HM1	(412)-673-0814
6	PA	Reading	Naval and Marine Corps	Reserve Center	19611-1717	Zellers	HM2	(610)-378-0164
6	DC	Washington	Naval and Marine Corps	Reserve Center	20374-3511	Robinson	HMC	(202)-433-3047
6	PA	Williamsport	Naval	Reserve Center	17701-2423	Burgos	HM1	(717)-323-7991
7	NC	Asheville	Naval	Reserve Center	28804-2412	McBride	HM2	(704)-253-4441
7	SC	Charleston	Naval	Readiness Center	29405-8521	Morano	HM1	(803)-743-8624
7	NC	Charlotte	Naval and Marine Corps	Reserve Center	28213-6256	Herbert	HM1	(704)-598-0447
7	SC	Columbia	Naval and Marine Corps	Reserve Center	29201-4198	Griffin	HM1	(803)-799-3412
7	NC	Greensboro	Naval and Marine Corps	Readiness Center	27409-9364	Powell	HM1(SW)	(910)-668-0053/54
7	SC	Greenville	Naval and Marine Corps	Reserve Center	29605-5452	Freeman	HM1	(803)-277-9775
7	VA	Norfolk	Naval and Marine Corps	Readiness Center	23521-3298	Brayman	HMC	(804)-464-8046
7	NC	Raleigh	Naval and Marine Corps	Reserve Center	27606-2127	Henderson	HM2 (FMF)	(919)-834-6461
7	VA	Richmond	Naval and Marine Corps	Reserve Center	23234-4999	Newbill	HM2	(804)-271-6096
7	VA	Roanoke	Naval and Marine Corps	Reserve Center	24019-3899	Lipford	HM1	(540)-563-9723
7	NC	Wilmington	Naval	Reserve Center	28401-7297	Postell	HM2	(910)-762-9676

Part A

RC	State	Facility Name	Facility Service	Facility Type	Zip Code	Point of Contact	Rank of POC	POC Telephone
8	GA	Atlanta	Naval and Marine Corps	Readiness Center	30318-5699	Robinson	HM1	(404)-347-3491
8	GA	Augusta	Naval and Marine Corps	Reserve Center	30909-3904	Strong	HM2	(706)-733-2249/40
8	GA	Columbus	Naval	Reserve Center	31920-1539	Menendez	HM2	(706)-322-4670
8	FL	Jacksonville	Naval and Marine Corps	Reserve Center	32212-0044	Fernandez	HM1	(904)-573-1733
8	FL	Miami	Naval and Marine Corps	Readiness Center	33015-6009	Olson/ McKinney	HM2	(305)-628-5157
8	FL	Orlando	Naval and Marine Corps	Readiness Center	32803-5014	Samuel	HMC	(407)-897-8155
8	FL	Pensacola	Naval	Reserve Center	32509-5100	May	HM1	(904)-452-1341
8	PR	Roosevelt Roads	Naval	Reserve Center	FPO AA 340	Augustine	HN	(809)-865-5887
8	GA	Savannah	Naval and Marine Corps	Reserve Center	31404-1799	Geiger	RMC	(912)-233-3000 x10
8	FL	St. Petersburg	Naval	Reserve Center	34622-3532	Quezada	HM1	(813)-531-7033
8	FL	Tallahassee	Naval and Marine Corps	Reserve Center	32304-5098	Rockward	HM1	(904)-576-6194
8	FL	Tampa	Naval	Reserve Center	33602-4298	Heath	HM1	(813)-209-4010
8	FL	West Palm Beach	Naval and Marine Corps	Reserve Center	33409-6298	Derby	HMC	(407)-687-3954
9	OH	Akron	Naval and Marine Corps	Reserve Center	44310-3986	Garner	HM1	(216)-376-9054
9	TN	Chattanooga	Naval and Marine Corps	Reserve Center	37405-0930	Burke	HM1	(423)-752-5300
9	OH	Cincinnati	Naval and Marine Corps	Reserve Center	45207-1498	Marple	HM1	(513)-221-0138
9	OH	Cleveland	Naval	Reserve Center	44114-1091	Campbell	HM1	(216)-771-0844
9	OH	Columbus	Naval and Marine Corps	Readiness Center	43213-1392	Leithner	HM1 (FMF)	(614)-235-4196
9	OH	Dayton	Naval and Marine Corps	Reserve Center	45417-1797	Nichols	HM1	(513)-268-1664/5
9	IN	Evansville	Naval and Marine Corps	Readiness Center	47711-6897	Stewart	HM2	(812)-479-6824
9	IN	Gary	Naval and Marine Corps	Reserve Center	46403-1098	Carr	HM1	(219)-938-2541
9	IN	Indianapolis	Naval and Marine Corps	Readiness Center	46208-4998	Ordish	HM2	(317)-924-6389 x24
9	TN	Knoxville	Naval and Marine Corps	Reserve Center	37901-0667	Johnson	HM1	(423)-971-4709
9	KY	Lexington	Naval	Reserve Center	40510-1002	Trace	HM1	(606)-255-1041
9	KY	Louisville	Naval and Marine Corps	Reserve Center	40214-2653	McIntyre	HM1	(502)-364-5074
9	TN	Memphis	Naval	Readiness Center	38054-5048	Bradley	HMC	(901)-873-7665
9	TN	Nashville	Naval	Reserve Center	37206-3199	Anderson	HM1	(615)-228-6894
9	TN	Southbend	Naval and Marine Corps	Reserve Center	46613-1799	Lajeunesse	HM1	(219)-233-2375
9	OH	Toledo	Naval and Marine Corps	Reserve Center	43551-3014	Caisse	HM1	(419)-666-3444
9	OH	Youngstown	Naval and Marine Corps	Reserve Center	44473-5000	Soqui	HM1	(216)-856-3211

Part A



RC	State	Facility Name	Facility Service	Facility Type	Zip Code	Point of Contact	Rank of POC	POC Telephone
10	LA	Baton Rouge	Naval and Marine Corps	Reserve Center	70807-8000	Ivy	HM1	(504)-356-1369
10	AL	Bessemer	Naval and Marine Corps	Readiness Center	35023-4731	Linnstaedt	HMC	(205)-424-4210
10	MS	Gulfport	Naval and Marine Corps	Reserve Center	39501-5018	Williams	HM1	(601)-871-3024
10	AL	Huntsville	Naval	Reserve Center	35810-3799	Page	HM2	(205)-851-9470
10	MS	Jackson	Naval	Reserve Center	39201-2891	Batiste	HM1	(601)-352-3912
10	AR	Little Rock	Naval and Marine Corps	Reserve Center	72118-2206	Miller	HM1	(501)-771-1661
10	AL	Mobile	Naval and Marine Corps	Reserve Center	36608-2510	Jacobus	HMC	(334)-344-5341
10	LA	New Orleans	Naval and Marine Corps	Readiness Center	70146-3310	Slyvester	HM2 (FMF)	(540)-678-1070
10	OK	Oklahoma City	Naval	Readiness Center	73150-9702	Douson	HM2	(405)-733-1811
10	LA	Shreveport	Naval and Marine Corps	Reserve Center	71111-5334	Herrera	HM2	(318)-746-9657
10	OK	Tulsa	Naval and Marine Corps	Reserve Center	74012-2041	Watkins	HM1	(918)-258-7822
10	AL	Tuscaloosa	Naval	Reserve Center	35401-6699	Watson	HM2	(205)-345-6910
11	NM	Albuquerque	Naval and Marine Corps	Reserve Center	87123-1099	Kemper	HM1	(505)-292-4141
11	TX	Amarillo	Naval and Marine Corps	Reserve Center	79104-2499	Robinson	HM1	(806)-372-5589
11	TX	Austin	Naval	Reserve Center	78731-5398	Thompson	HM1	(517)-458-4154
11	TX	Corpus Christi	Naval	Reserve Center	78419-5121	McGee	HM2	(512)-939-2242
11	TX	Dallas	Naval and Marine Corps	Readiness Center	75211-9504	Hinkle	HMC	(214)-266-6655
11	TX	El Paso	Naval and Marine Corps	Readiness Center	79930-6898	Noceda	HM2	(915)-565-3993
11	TX	Harlingen	Naval	Reserve Center	78550-5363	Guerra	HM2	(210)-425-0404
11	TX	Houston	Naval and Marine Corps	Readiness Center	77054-2097	Buchner	HMC	(713)-795-4373
11	TX	Laredo	Naval	Reserve Center	78040-4393	Closed		
11	TX	Lubbock	Naval and Marine Corps	Reserve Center	79415-3299	McGowan	HM2	(806)-765-6657
11	TX	Orange	Naval	Reserve Center	77631-8001	Franklin	HM2	((409)-883-5003
11	TX	San Antonio	Naval and Marine Corps	Reserve Center	78219-2296	Helms	HMC(AW)	(210)-225-2997 x125
11	TX	Tyler	Naval	Reserve Center	75702-3128	Kotz	HM2	(903)-592-3351
11	TX	Waco	Naval and Marine Corps	Readiness Center	76707-1097	Rivers	HM2	(817)-776-1841

Part A



RC	State	Facility Name	Facility Service	Facility Type	Zip Code	Point of Contact	Rank of POC	POC Telephone
13	MO	Cape Girardeau	Naval	Reserve Center	63701-4393	Kreuter	HM1(AW)	(314)-335-3051
13	IA	Cedar Rapids	Naval	Reserve Center	52402-3798	Combs	HM1	(319)-363-5363
13	IL	Decatur	Naval	Reserve Center	62526-2162	Kahrs	HM1	(217)-875-1735
13	IA	Des Moines	Naval and Marine Corps	Reserve Center	50315-6213	Bradley	HMC	(515)-285-5581
13	IA	Dubuque	Naval	Reserve Center	52003-5000	McKillop/ Thorne	LCDR/ HM1	(319)-556-2144
13	IL	Forest Park	Naval	Reserve Center	60130-2592	Johnson	HM1	(708)-771-7010
13	IL	Great Lakes	Naval	Readiness Center	60088-5707	Mason	HM1	(708)-688-5407
13	MO	Kansas City	Naval	Readiness Center	64130-2499	Taylor	HM1(FMF)	(816)-923-2341
13	NE	Lincoln	Naval	Reserve Center	68524-2241	Murray	HM1(FMF)	(402)-470-2142
13	NE	Omaha	Naval and Marine Corps	Reserve Center	68111-1299	Pelchy	HM1	(402)-451-2098
13	IL	Peoria	Naval and Marine Corps	Reserve Center	61604-5297	Holt	HM2	(309)-697-5755
13	IL	Rock Island	Naval and Marine Corps	Reserve Center	61299-7620	Brook	HM1	(309)-782-6085
13	IA	Sioux City	Naval	Reserve Center	51106-5103	White	HM1	(712)-276-0130
13	MO	Springfield	Naval and Marine Corps	Reserve Center	65802-3591	Allen	HMC (AW/FMF)	(417)-869-5721
13	MO	St. Louis	Naval	Readiness Center	63044-2314	Clover	HM1	(314)-263-6492
13	KS	Topeka	Naval and Marine Corps	Reserve Center	66607-1398	Huitt	HM1	(913)-233-7434
13	IA	Waterloo	Naval and Marine Corps	Reserve Center	50703-2133	Sprague	HM1 (FMF)	(319)-235-6576
13	KS	Wichita	Naval	Reserve Center	67210-1599	Deguzman	HM1	(316)-683-3491

Part A

RC	State	Facility Name	Facility Service	Facility Type	Zip Code	Point of Contact	Rank of POC	POC Telephone
16	MI	Battle Creek	Naval and Marine Corps	Reserve Center	49015-1242	Pacheco	HM2	(616)-968-2116
16	MI	Cadillac	Naval	Reserve Center	49601-1713	Harkins	HM1	(616)-775-1327
16	MI	Calumet	Naval	Reserve Facility	49913-9717	Gray	HM2	(906)-482-4677
16	WY	Cheyenne	Naval	Reserve Center	82009-5604	Holloway	HMC	(307)-436-9552
16	CO	Denver	Naval	Readiness Center	80042-1802	Bairros	HM1 (AW/FMF)	(303)-340-6210
16	MI	Detroit	Naval	Readiness Center	48045-4915	Humber	HM1	(810)-307-4301
16	MN	Duluth	Naval	Reserve Center	55811-1546	Cantrell	HM2	(218)-722-3454
16	ND	Fargo	Naval	Reserve Center	58102-6206	Brand	HM2	(701)-232-3689
16	CO	Fort Carson	Naval	Reserve Center	80913-5040	Shufelt	HM1	(719)-526-3018
16	MI	Grand Rapids	Naval and Marine Corps	Reserve Center	49505-6294	Hayman	HM1	(616)-363-6889
16	WI	Green Bay	Naval and Marine Corps	Reserve Center	54304-5799	Fant	HM2	(414)-336-2444
16	WI	La Crosse	Naval	Reserve Center	54601-5999	Wilkie/ Dunn	LCDR C.O./ HM1	(608)-788-2565
16	MI	Lansing	Naval and Marine Corps	Reserve Center	48912-2396	Remis	HM1	(517)-482-7556
16	WI	Madison	Naval	Reserve Center	53704-4192	Henry	HM2	(608)-249-0129
16	WI	Milwaukee	Naval and Marine Corps	Reserve Center	53207-1999	Reynolds/Miller	HM1/HM2	(414)-744-9764
16	WI	Oshkosh	Naval	Reserve Center	54901-5693	Closed	HM2	(517)-754-3091
16	MI	Saginaw	Naval	Reserve Center	48601-4799	Balfour	HM1	(605)-336-2402
16	WI	Sheboygan	Naval	Reserve Center	53081-4146	Closed	HMCS	(612)-726-9417
16	SD	Sioux Falls	Naval	Reserve Center	57104-1393	Mojica	HM2	(715)-344-2311/6214
16	MN	St. Paul	Naval and Marine Corps	Readiness Center	55111-4051	Martin	HM2	
16	WI	Stevens Point	Naval	Reserve Center	54481-5009	Pohl	HM2	
19	CA	Bakersfield	Naval and Marine Corps	Reserve Center	93301-1198	White	HM2	(805)-327-7195
19	CA	Encino	Naval and Marine Corps	Reserve Center	91316-1584	Domingo	HM1	(818)-344-5101
19	CA	Fresno	Naval	Reserve Center	93727-7790	Yonally	HM1	(209)-291-0204
19	HI	Honolulu	Naval and Marine Corps	Readiness Center	96818-3753	Burris	HM1 (FMF)	(808)-474-4819
19	NV	Las Vegas	Naval and Marine Corps	Reserve Center	89104-4119	Poole	HM2	(702)-457-6528
19	CA	Long Beach	Naval and Marine Corps	Readiness Center	90822-5092	Amparo	HM1	(310)-547-8171 x108
19	CA	Mareno Valley	Naval and Marine Corps	Reserve Center	92518-2064	Farris/ Excused	HM1	(909)-655-7720
19	AZ	Phoenix	Naval and Marine Corps	Readiness Center	85009-3398	Headley	HM1	(602)-484-7292
19	CA	Pomona	Naval	Reserve Center	91766-2303	Closed	HM2	(805)-382-0411
19	CA	Port Hueneme	Naval	Reserve Center	93043-4361	Davis	HM2	
19	CA	San Bernardino	Naval and Marine Corps	Reserve Center	92410-4998	Closed	HMC	(619)-537-8119
19	CA	San Diego	Naval and Marine Corps	Readiness Center	92131-5001	Tuliao	HM1	
19	CA	Santa Ana	Naval	Reserve Center	92714-5053	Closed	HM1	
19	AZ	Tucson	Naval and Marine Corps	Reserve Center	85730-3259	Brewer	HM1	(520)-748-1013

Part A

RC	State	Facility Name	Facility Service	Facility Type	Zip Code	Point of Contact	Rank of POC	POC Telephone
22	CA	Alameda	Naval and Marine Corps	Reserve Center	94501-1486	Wegner	HM1	(510)-814-2625
22	AK	Anchorage	Naval	Reserve Center	99507-1135	Zabel	HM2	(907)-561-3003 x4
22	MT	Billings	Naval and Marine Corps	Reserve Center	59101-0398	Frank	HM1	(406)-248-2090
22	ID	Boise	Naval and Marine Corps	Reserve Center	83705-6507	Ellis	HM2	(208)-422-6287
22	WA	Bremerton	Naval	Reserve Center	98314	Simms	HM1	(360)-476-2284
22	OR	Central Point	Naval	Reserve Center	97502-3899	Kloka	HM2	(530)-772-2566
22	OR	Eugene	Naval and Marine Corps	Reserve Center	97402-3899	Phillips	HM2	(503)-342-1887
22	WA	Everett	Naval	Reserve Center	98201-2798	Pierce	HM2	(206)-304-4778
22	MT	Great Falls	Naval	Reserve Center	59404	Davis	HM1	(406)-452-3936
22	MT	Missoula	Naval	Reserve Center	59801-7299	Wandrych	HM1	(406)-329-3997
22	WA	NRMTH	Naval	NRMTH	98310-8050	Closed		
22	UT	Ogden	Naval	Reserve Center	84401-0698	Brown	HM1	(801)-394-8863
22	ID	Pocatello	Naval	Reserve Center	83201-1954	Orcutt	HM2	(208)-238-0490/1
22	OR	Portland	Naval and Marine Corps	Readiness Center	97217-3993	Markley	HM1	(503)-285-4566 x555
22	NV	Reno	Naval and Marine Corps	Reserve Center	89506-1298	Friedman	HM2	(702)-972-5600/5702
22	WA	Richland	Naval	Reserve Center	99352-4923	Adams-Woodfin	HM2	(509)-943-0017
22	CA	Sacramento	Naval and Marine Corps	Readiness Center	95828-1799	Villacarlos	HMC	(916)-387-7115
22	OR	Salem	Naval and Marine Corps	Reserve Center	97301-5097	Witherspoon	HM2	(503)-399-5886
22	UT	Salt Lake City	Naval and Marine Corps	Readiness Center	84113-5010	Dixon	HM1 (FMF)	(801)-584-4205
22	CA	San Bruno	Naval and Marine Corps	Reserve Center	94066-0727	Carabajal	HM2	(415)-244-1709
22	CA	San Francisco	Naval	Readiness Center	94130-0586	Howard	HM2	(415)-395-3134
22	CA	San Jose	Naval and Marine Corps	Reserve Center	95112-1699	Belknap	HM1	(408)-294-3070
22	WA	Seattle	Naval	Readiness Center	98109-4391	Alcaide	HM1	(206)-526-3139
22	WA	Spokane	Naval and Marine Corps	Readiness Center	99205-6199	Shafer	HM1	(509)-327-3346
22	CA	Stockton	Naval	Reserve Center	95203-5000	Broomfield	HM2	(209)-467-0620
22	WA	Tacoma	Naval and Marine Corps	Reserve Center	98421-4198	Henn	HM1	(206)-383-3577

Part A

RC	State	Facility Name	Facility Service	Facility Type	Zip Code	Point of Contact	Rank of POC	POC Telephone
NAF	DC	Facility Washington	Naval	NAR Facility	203996-5500	Laubach	CAPT, MC, USNR	(801)-481-2850
NAR	OH	NAR Columbus	Naval	NAR Center	43217-1199	Batesole	HMC	(614)-492-3839
NAR	CO	NAR Denver	Naval	NAR Center	80011-9599	Hall	HM2	(303)-340-6242
NAR	FL	NAR Jacksonville	Naval	NAR	32212-0004	Panos	HMC(AW)	(904)-772-3340/2574
NAR	CA	NAR Lenoore	Naval	NAR Center	93246-5018	Flaggion	HM1	(209)-998-3763
NAR	TN	NAR Memphis	Naval	NAR	38054-5038	Swann	HM1	(901)-873-7665
NAR	MN	NAR Minneapolis	Naval	NAR Center	55450-2898	Bradbury	HM2	(612)-725-5066
NAR	VA	NAR Norfolk	Naval	NAR	23511-4092	Ducusin	HMC	(804)-677-6327
NAR	KS	NAR Olathe	Naval	NAR Center	66031-0013	Oliver	AMH-1(AW)	(9134)-782-0542
NAR	CA	NAR Point Mugu	Naval	NAR	993042-5018	Blake	HMC	(805)-989-1090
NAR	CA	NAR San Diego	Naval	NAR	92135-7099	Carlstrom	HM1	(619)-545-0620
NAR	CA	NAR Santa Clara	Naval	NAR	94035-0128	Weaver/Jacamo	HM1	(415)-603-9704
NAR	MI	NAR Selfridge	Naval	NAR	48045-5008	Meyer	CAPT, MC, USNR	(810)-307-5802
NAR	WA	NAR Whidbey Is.	Naval	NAR	98278-8300	Foien	HM1	(360)-257-9807
NAS	GA	NAS Atlanta	Naval	Air Station	30060-5900	Brown	HM2	(770)-919-5305
NAS	TX	NAS Dallas	Naval	Air Station	75211-9501	Houston	HMC	(214)-266-6284
NAS	IL	NAR Chicago	Naval	Air Station	60026-5000	Whitlow	HM1	(708)-688-6405
NAS	LA	NAS New Orleans	Naval	Air Station, JRB	70143-5012	Crone	HM1	(504)-678-3665
NAS	MA	NAS S. Weymouth	Naval	Air Station	02190-5000	Ward	HM1	(617)-682-2674
NAS	PA	NAS Willow Grove	Naval	Air Station, JRB	10090-5021	Fowler	HMC	(215)-443-6360

Total Number of Facilities Surveyed = 198

Part A

# Naval Reserve Physical Examination Survey

## Part B: Reserve Population Information

RC			1. Reservists Attached:				5. Other Personnel:				10. Personnel Due Periodic Physicals:			
			2	3	4	6	7	8	9	11	12	Due <3 months	Local % due	
State/Facility Name			SELRES	VTU	Total	Military staff	Local Naval	Other	Explain (8)	Total:	Currently Due			
1	NY	Albany	500	17	517	0	0	0		0	9	7	1.74%	
1	ME	Augusta	68	8	76	6	0	0		6	6	5	7.89%	
1	ME	Bangor	130	4	134	6	1	0		7	2	2	1.49%	
1	NY	Frankfort (Utica)	104	4	108	0	0	0		0	20	9	18.52%	
1	NY	Glens Falls	156	5	161	0	0	0		0	12	11	7.45%	
1	NH	Manchester	289	14	303	0	0	0		0	0	0	0.00%	
1	CT	New Haven	399	18	417	13	16	11		40	0	0	0.00%	
1	CT	Plainville	235	14	249	10	0	0		10	3	3	1.20%	
1	ME	Portland	250	8	258	18	3	0		21	0	0	0.00%	
1	RI	Providence	643	83	726	25	9	0		34	3	2	0.41%	
1	MA	South Weymouth	468	28	496	24	2	0		26	38	38	7.66%	
1	NY	Watertown	74	1	75	6	0	0		6	6	3	8.00%	
1	VT	White River Junct.	95	5	100	7	0	0		7	0	0	0.00%	
1	MA	Worcester	226	9	235	0	0	0		0	9	9	3.83%	
4	NY	Amityville	239	11	250	13	9	45		67	25	20	10.00%	
4	NY	Bronx	520	21	541	16	0	0		16	22	8	4.07%	
4	NY	Brooklyn	468	33	501	0	0	21	MUIW, HSETC,IRR	21	28	17	5.59%	
4	NY	Buffalo	474	18	492	0	0	0		0	2	0	0.41%	
4	NY	Fort Dix	1009	56	1065	35	0	0		35	91	20	8.54%	
4	NY	Horseheads	193	10	203	9	3	5	IRR	17	3	2	1.48%	
4	NJ	Kearny	581	20	601	23	0	3	Recruiters	26	40	35	6.66%	
4	DE	Lewes	60	4	64	10	0	0		10	0	0	0.00%	
4	PA	Philadelphia	Closed											
4	NY	Rochester	159	9	168	12	0	0		12	2	1	1.19%	
4	NY	Staten Island	Closed											
4	NY	Syracuse	357	7	364	15	3	11	IRR, HSETC, Rectr	29	0	0	0.00%	
4	DE	Wilmington	139	10	149	8	0	0		8	2	0	1.34%	

Part B

1. Reservists Attached:				5. Other Personnel:				10. Personnel Due Periodic Physicals:						
		2	3	4	6		7	8	9		11	12	Local % due	
RC	State	SELRES	VTU	Total	Military staff	Local Naval	Other	Explain (8)	Total:	Currently Due	Due <3 months			
6	MD	Adelphi	500	41	19	0	0	USMC, IRR, HSETC	19	6	3	1.11%		
6	PA	Avoca	169	8	14	0	0		14	0	0	0.00%		
6	MD	Baltimore	570	21	33	11	1028		1072	16	9	2.71%		
6	WV	Charleston	156	2	6	0	0		6	12	12	7.59%		
6	MD	Cumberland	69	1	6	0	2	IRR/HSETC	8	2	2	2.86%		
6	PA	Ebensburg	219	5	9	0	0		9	9	8	4.02%		
6	PA	Erie	194	1	8	2	4		14	12	3	6.15%		
6	PA	Harrisburg	313	7	3	0	0		3	4	2	1.25%		
6	WV	Huntington	138	1	0	0	2	ROTC	2	11	0	7.91%		
6	PA	Lehigh Valley	168	9	24	0	0		24	2	2	1.13%		
6	WV	Moundsville	80	0	7	0	0		7	0	0	0.00%		
6	PA	Pittsburg	610	32	0	50	0		50	63	41	9.81%		
6	PA	Reading	175	4	5	0	0		5	3	3	1.68%		
6	DC	Washington	1932	281	36	0	0		36	4	0	0.18%		
6	PA	Williamsport	87	0	0	0	0		0	0	0	0.00%		
7	NC	Asheville	164	8	12	3	0			15	6	2	3.49%	
7	SC	Charleston	636	29	29	1	0			30	53	53	7.97%	
7	NC	Charlotte	381	17	24	15	0	39		0	0	0.00%		
7	SC	Columbia	284	16	14	3	0	17		5	5	1.67%		
7	NC	Greensboro	379	17	0	0	0		0	9	8	2.27%		
7	SC	Greenville	244	7	0	0	0		0	2	2	0.80%		
7	VA	Norfolk	2147	120	43	23	0		66	338	186	14.91%		
7	NC	Raleigh	430	39	19	6	0		25	7	7	1.49%		
7	VA	Richmond	373	12	19	0	0	NRPC 2 USMC Units	19	8	8	2.08%		
7	VA	Roanoke	309	5	12	3	9		24	2	0	0.64%		
7	NC	Wilmington	276	8	15	5	280		300	10	10	3.52%		

RC			1. Reservists Attached:				5. Other Personnel:				10. Personnel Due Periodic Physicals:			
			2	3	4	6	7	8	9	11	12	Local %	due	
	State	Facility Name	SELRES	VTU	Total	Military staff	Local Naval	Other	Explain (8)	Total:	Currently Due	Due <3 months		
8	GA	Atlanta	917	47	964	0	0	0	USA Reserve	0	38	17	3.94%	
8	GA	Augusta	154	4	158	8	0	0		8	0	0	0.00%	
8	GA	Columbus	260	1	261	11	18	0		29	0	0	0.00%	
8	FL	Jacksonville	780	19	799	0	0	0		0	11	11	1.38%	
8	FL	Miami	387	23	410	18	15	0		33	11	2	2.68%	
8	FL	Orlando	766	43	809	0	0	0		0	102	22	12.61%	
8	FL	Pensacola	392	30	422	0	25	25		IRR	50	2	0	0.47%
8	PR	Roosevelt Roads	462	9	471	21	0	0			21	6	0	1.27%
8	GA	Savannah	245	4	249	12	2	2			16	0	0	0.00%
8	FL	St. Petersburg	318	10	328	14	0	0			14	51	9	15.55%
8	FL	Tallahassee	180	7	187	12	0	0	12		2	2	1.07%	
8	FL	Tampa	542	20	562	0	0	10	10		37	34	6.58%	
8	FL	W. Palm Beach	285	13	298	0	0	0	0		8	8	2.68%	
9	OH	Akron	255	10	265	11	3	0	USMCR		14	11	11	4.15%
9	TN	Chattanooga	210	7	217	11	0	0		11	8	0	3.69%	
9	OH	Cincinnati	256	14	270	3	0	0		3	1	1	0.37%	
9	OH	Cleveland	382	20	402	0	100	0		100	20	20	4.98%	
9	OH	Columbus	508	13	521	29	0	0		29	7	7	1.34%	
9	OH	Dayton	211	8	219	18	1	0		19	5	0	2.28%	
9	IN	Evansville	139	2	141	8	0	0		8	2	2	1.42%	
9	IN	Gary	156	2	158	0	0	0		0	6	6	3.80%	
9	IN	Indianapolis	441	18	459	54	27	407		488	65	17	14.16%	
9	TN	Knoxville	401	12	413	22	0	0		22	0	0	0.00%	
9	KY	Lexington	231	13	244	10	3	0		13	5	1	2.05%	
9	KY	Louisville	343	17	360	25	0	0		25	30	21	8.33%	
9	TN	Memphis	277	7	284	21	40	0		61	9	2	3.17%	
9	TN	Nashville	283	17	300	0	0	0		0	10	2	3.33%	
9	TN	Southbend	200	5	205	10	0	0		10	5	5	2.44%	
9	OH	Toledo	166	13	179	0	60	0		60	4	4	2.23%	
9	OH	Youngstown	198	5	203	0	0	0		0	14	4	6.90%	

Part B

RC			1. Reservists Attached:			5. Other Personnel:					10. Personnel Due Periodic Physicals:			
			2	3	4	6	7	8	9		11	12	Local %	
	State	Facility Name	SELRES	VTU	Total	Military staff	Local Naval	Other	Explain (8)	Total:	Currently Due	Due <3 months	due	
10	LA	Baton Rouge	217	6	223	8	0	0		8	2	0	0.90%	
10	AL	Bessemer	615	25	640	30	6	0		36	0	0	0.00%	
10	MS	Gulport	246	0	246	0	0	0		0	7	4	2.85%	
10	AL	Huntsville	313	16	329	12	0	0		12	19	8	5.78%	
10	MS	Jackson	223	4	227	10	3	0		13	27	14	11.89%	
10	AR	Little Rock	345	4	349	14	0	0		14	39	5	11.17%	
10	AL	Mobile	192	7	199	16	7	0		23	0	0	0.00%	
10	LA	New Orleans	334	20	354	0	0	0		0	2	2	0.56%	
10	OK	Oklahoma City	454	8	462	24	7	0		31	4	3	0.87%	
10	LA	Shreveport	202	8	210	11	5	0		16	8	8	3.81%	
10	OK	Tulsa	343	8	351	13	3	0		16	8	3	2.28%	
10	AL	Tuscaloosa	207	8	215	8	1	0		9	5	4	2.33%	
11	NM	Albuquerque	425	9	434	0	0	0		0	9	3	2.07%	
11	TX	Amarillo	127	0	127	10	1	0		11	0	0	0.00%	
11	TX	Austin	293	20	313	17	0	0		17	0	0	0.00%	
11	TX	Corpus Christi	249	8	257	0	0	0		0	1	1	0.39%	
11	TX	Dallas	1157	43	1200	32	3	1	Student	36	16	9	1.33%	
11	TX	El Paso	446	10	456	22	3	0		25	0	0	0.00%	
11	TX	Harlingen	141	5	146	8	0	0		8	2	2	1.37%	
11	TX	Houston	834	46	880	35	339	0		374	40	21	4.55%	
11	TX	Laredo	Closed											
11	TX	Lubbock		5	209	10	0	10	IRR	20	3	2	1.44%	
11	TX	Orange		133	1	134	15	0	4	Recruiters	19	4	4	2.99%
11	TX	San Antonio		536	22	558	22	20	40	IRR	82	0	0	0.00%
11	TX	Tyler		173	2	175	0	0	0		0	4	4	2.29%
11	TX	Waco	118	2	120	6	4	0		10	2	2	1.67%	



			1. Reservists Attached:				5. Other Personnel:				10. Personnel Due Periodic Physicals:			
			2	3	4	6	7	8	9	11	12	Local % due		
RC	State	Facility Name	SELRES	VTU	Total	Military staff	Local Naval	Other	Explain (8)	Total:	Currently Due	Due <3 months		
13	MO	Cape Girardeau	201	5	206	0	0	0	Officers @ Univ.	0	8	8	3.88%	
13	IA	Cedar Rapids	165	5	170	9	0	2		11	8	8	4.71%	
13	IL	Decatur	191	5	196	13	0	0		13	3	3	1.53%	
13	IA	Des Moines	175	2	177	7	2	0	IRR	9	0	0	0.00%	
13	IA	Dubuque	170	1	171	0	0	5		5	2	2	1.17%	
13	IL	Forest Park	505	24	529	0	0	0		0	8	8	1.51%	
13	IL	Great Lakes	731	41	772	35	500	0	USMC	535	9	6	1.17%	
13	MO	Kansas City	650	19	669	0	0	5		5	17	17	2.54%	
13	NE	Lincoln	202	5	207	11	1	0		12	0	0	0.00%	
13	NE	Omaha	293	4	297	17	2	0	19	19	0	0	0.00%	
13	IL	Peoria	150	3	153	0	0	0	0	0	0	0	0.00%	
13	IL	Rock Island	163	3	166	16	6	0	22	22	2	0	1.20%	
13	IA	Sioux City	96	2	98	7	0	0	7	7	0	0	0.00%	
13	MO	Springfield	362	8	370	14	0	0	14	14	3	3	0.81%	
13	MO	St. Louis	865	43	908	50	200	70	HSETC/IRR/SeaCadet	320	43	34	4.74%	
13	KS	Topeka	143	2	145	8	0	0	8	8	5	2	3.45%	
13	IA	Waterloo	95	2	97	6	0	0	6	6	2	0	2.06%	
13	KS	Wichita	95	2	97	6	0	0	6	6	2	0	2.06%	

Part B

RC			1. Reservists Attached:				5. Other Personnel:				10. Personnel Due Periodic Physicals:			
			2	3	4	6	7	8	9	11	12	Local %		
	State	Facility Name	SELRES	VTU	Total	Military staff	Local Naval	Other	Explain (8)	Currently Due	Due <3 months	due		
16	MI	Battle Creek	172	12	184	12	0	250	USMC	0	0	0.00%		
16	MI	Cadillac	132	0	132	0	0	0		3	3	2.27%		
16	MI	Calumet	98	0	98	6	0	0		0	0	0.00%		
16	WY	Cheyenne	105	1	106	6	0	0		4	4	3.77%		
16	CO	Denver	615	35	650	28	0	0		19	6	2.92%		
16	MI	Detroit	510	8	518	27	7	24	HSETC	70	30	13.51%		
16	MN	Duluth	199	3	202	0	0	0		2	2	0.99%		
16	ND	Fargo	160	3	163	10	0	5		0	0	0.00%		
16	CO	Fort Carson	246	4	250	12	2	0		12	11	4.80%		
16	MI	Grand Rapids	309	6	315	0	0	12		9	9	2.86%		
16	WI	Green Bay	215	9	224	0	0	0		4	4	1.79%		
16	WI	La Crosse	169	6	175	0	0	0		0	0	0.00%		
16	MI	Lansing	144	9	153	11	2	0		31	0	20.26%		
16	WI	Madison	144	11	155	7	0	4	Recruiter/ROTC Staff	1	1	0.65%		
16	WI	Milwaukee	441	10	451	16	10	0		7	2	1.55%		
16	WI	Oshkosh	Closed											
16	MI	Saginaw	170	1	171	0	0	0		10	2	5.85%		
16	WI	Sheboygan	Closed											
16	SD	Sioux Falls	189	1	190	10	0	1	Recruiter	2	1	1.05%		
16	MN	St. Paul	636	39	675	38	127	0		5	5	0.74%		
16	WI	Stevens Point	124	8	132	0	0	0		0	0	0.00%		



		1. Reservists Attached:				5. Other Personnel:				10. Personnel Due Periodic Physicals:			
		2	3	4	6	7	8	9	11	12	Local %		
RC	State	Facility Name	SELRES	VTU	Total	Military staff	Local Naval	Other	Explain (8)	Total:	Currently Due	Due <3 months	% due
22	CA	Alameda	621	25	646	0	60	12	Rectr/USMC/TAR	72	11	6	1.70%
22	AK	Anchorage	111	6	117	7	1	13	Irr, Merchant Marine	21	0	0	0.00%
22	MT	Billings	113	5	118	6	0	0		6	2	2	1.69%
22	ID	Boise	138	7	145	10	0	0		10	1	1	0.69%
22	WA	Bremerton	454	17	471	0	0	0		0	5	5	1.06%
22	OR	Central Point	116	0	116	6	0	0		6	3	2	2.59%
22	OR	Eugene	164	8	172	8	0	0		8	0	0	0.00%
22	WA	Everett	175	11	186	0	0	0		0	2	2	1.08%
22	MT	Great Falls	65	1	66	5	0	0		5	5	3	7.58%
22	MT	Missoula	121	1	122	7	0	0		7	0	0	0.00%
22	WA	NRMTH	Closed										
22	UT	Ogden	180	4	184	10	0	0		10	12	4	6.52%
22	ID	Pocatello	102	2	104	6	0	0		6	1	1	0.96%
22	OR	Portland	670	49	719	0	0	0		0	12	12	1.67%
22	NV	Reno	100	2	102	7	0	0		7	0	0	0.00%
22	WA	Richland	86	6	92	7	0	0		7	3	3	3.26%
22	CA	Sacramento	421	22	443	17	0	4		21	8	7	1.81%
22	OR	Salem	75	1	76	5	0	0		5	11	5	14.47%
22	UT	Salt Lake City	391	20	411	22	5	0		27	5	0	1.22%
22	CA	San Bruno	110	4	114	6	0	0		6	4	4	3.51%
22	CA	San Francisco	577	58	635	20	0	0		20	29	18	4.57%
22	CA	San Jose	260	10	270	0	0	3	IRR, Commission	3	7	7	2.59%
22	WA	Seattle	500	34	534	0	0	12		12	3	3	0.56%
22	WA	Spokane	294	1	295	20	9	0		29	6	1	2.03%
22	CA	Stockton	247	11	258	0	10	0		10	2	2	0.78%
22	WA	Tacoma	348	8	356	8	0	0		8	3	3	0.84%

			1. Reservists Attached:			5. Other Personnel:				10. Personnel Due Periodic Physicals:			
		2	3	4	6		7	8	9		11	12	Local % due
RC	State	Facility Name	SELRES	VTU	Total	Military staff	Local Naval	Other	Explain (8)	Total:	Currently Due	Due <3 months	
NAF	DC	Fac. Washington	2537	155	2692	1774	0	0		1774	303	102	11.26%
NAR	OH	NAR Columbus	375	16	391	18	2	0		20	25	0	6.39%
NAR	CO	NAR Denver	538	48	586	2	0	0		2	21	12	3.58%
NAR	FL	NAR Jacksonville	1582	127	1709	459	0	0		459	143	4	8.37%
NAR	CA	NAR Lemoore	111	6	117	34	0	0		34	2	2	1.71%
NAR	TN	NAR Memphis	543	8	551	38	0	35		73	74	54	13.43%
NAR	MN	NAR Minneapolis	648	45	693	22	22	0		44	36	19	5.19%
NAR	VA	NAR Norfolk	1417	52	1469	60	464	0		524	64	15	4.36%
NAR	KS	NAR Olathe	182	11	193	16	0	0		16	37	17	19.17%
NAR	CA	NAR Point Mugu	710	49	759	5	10	5		20	50	50	6.59%
NAR	CA	NAR San Diego	1700	100	1800	350	0	0		350	290	2	16.11%
NAR	CA	NAR Santa Clara	2200	70	2270	800	50	0		850	170	70	7.49%
NAR	MI	NAR Selfridge	675	25	700	25	620	100	HSETC, IRR	745	170	157	24.29%
NAR	WA	NAR Whidbey Is.	1053	43	1096	101	245	0		346	51	5	4.65%
NAS	GA	NAS Atlanta	1200	125	1325	800	200	300		1300	77	Not Reported	5.81%
NAS	TX	NAS Dallas	941	60	1001	1786	1000	0		2786	85	60	8.49%
NAS	IL	NAR Chicago	760	87	847	57	0	450	MACG, USMC, Ft Sheridan	507	76	39	8.97%
NAS	LA	NAS New Orleans	1032	97	1129	1070	0	0		1070	304	78	26.93%
NAS	MA	NAS S. Weymouth	673	73	746	509	303	0		812	16	14	2.14%
NAS	PA	NAS Willow Grove	982	182	1164	505	772	202	Marine Corps	1479	343	98	29.47%
TOTALS			80492	4216	84708	10317	5583	3454		19354	4736	2120	

TOTAL ALL	84708
DUE PE	4736
NOT DUE PE	84708
DUE PE <3 Mo	2120
DUE PE > 3 Mo	2616

Personnel Provided Periodic Physicals:	
SELRES	80492
VTU SELRES	4216
Military Staff	10317
Local USN	5583
Other	3454
Total	104062

Total Onboard Strength 30 Dec 95:	
SELRES	78807
VTU	5347
Total	84154
Percentage of Total Surveyed	
SELRES	102.14%
VTU	78.85%
Total	100.66%

Part B



# Naval Reserve Physical Examination Survey

## Part C: Geographic Medical Facility Information

		Closest MTF:		14		15		Closest VA Facility:		17		Closest MEPS:	
RC	State	Facility Name	13	Name	Service	Distance	16	Name	Distance	18	Name	Distance	19
1	NY	Albany		NH Groton BMC Ballston Spa, NY	USN	25		Albany, NY	2		Albany, NY	2	
1	ME	Augusta		BMC, NAS Brunswick, ME	USN	40		Togus, ME	8		Portland, ME	50	
1	ME	Bangor		NAVSEGRU BMC, Winter Harbor	USN	70		Togus, ME	98		Portland, ME	120	
1	NY	Frankfort (Utica)		Keller Hospital, West Point, NY	USA	150		Albany, NY	55		Albany, NY	35	
1	NY	Glens Falls		NAS South Weymouth, MA	USN	267		Rome, NY	35		Syracuse, NY	75	
1	NH	Manchester		NMC Portsmouth, NH	USN	55		Manchester, NH	8		Boston, MA	55	
1	CT	New Haven		Naval Hospital Groton, CT	USN	52		West Haven, CT	7		Springfield, MA	61	
1	CT	Plainville		Naval Hospital Groton, CT	USN	58		Newington, CT	15		Springfield, MA	45	
1	ME	Portland		BMC, NAS Brunswick, ME	USN	28		Togus, ME	40		Portland, ME	1	
1	RI	Providence		Naval Hospital Newport, RI	USN	32		Providence, RI	5		Boston, MA	40	
1	MA	South Weymouth		Naval Hospital Newport, RI	USN	60		Brockton, MA	11		Boston, MA	17	
1	NY	Watertown		Gunthrie Troop Clinic, Ft Drum, NY	USA	12		Syracuse, NY	75		Syracuse, NY	75	
1	VT	White River Junct.		Naval Hospital Newport, RI	USN	200		White River Junct, VT	1		Albany, NY	130	
1	MA	Worcester		NAS South Weymouth, MA	USN	60		Worcester, MA	4		Boston, MA	40	
4	NY	Amityville		Fort Dix, NJ	USN	100		Northport, NY	30		Brooklyn, NY	50	
4	NY	Bronx		Naval Hospital Groton, CT	USN	200		Bronx, NY	25		Brooklyn, NY	50	
4	NY	Brooklyn		AMC, Ft Hamilton, Brooklyn, NY	USA	11		Brooklyn, NY	11		Brooklyn, NY	11	
4	NY	Buffalo		NH Groton BMC Ballston Spa, NY	USN	200		Buffalo, NY	10		Buffalo, NY	10	
4	NY	Fort Dix		Fort Dix, NJ	USN	1		Philadelphia, PA	40		Philadelphia, PA	40	
4	NY	Horseheads		AF Clinic, Griffis AFB, Syracuse, NY	USAF	95		Bath, NY	50		Syracuse, NY	90	
4	NJ	Kearny		NWS Earle, NJ	USN	47		Orange, NJ	10		Brooklyn, NY	20	
4	DE	Lewes		Dover AFB, DE	USAF	40		Wilmington, DE	90		Philadelphia, PA	125	
4	PA	Philadelphia		<b>Closed</b>									
4	NY	Rochester		USAGC Fort Drum, Watertown, NY	USA	190		Rochester, NY	12		Buffalo, NY	70	
4	NY	Staten Island		<b>Closed</b>									
4	NY	Syracuse		USAGC Fort Drum, Watertown, NY	USA	70		Syracuse, NY	8		Syracuse, NY	8	
4	DE	Wilmington		NAS Willow Grove, PA	USN	52		Elsmere, DE	4		Philadelphia, PA	35	

Part C

Closest MTF:			Closest VA Facility:			Closest MEPS:			
RC	State	Facility Name	13 Name	14 Service	15 Distance	16 Name	17 Distance	18 Name	19 Distance
6	MD	Adelphi	National Naval Medical Center	USN	9	Washington, DC	12	Baltimore, MD	20
6	PA	Avoca	NAS Willow Grove, PA	USN	110	Wilkes-Barre, PA	10	New Cumberland, PA	120
6	MD	Baltimore	AMC Fort Meade, MD	USA	28	Baltimore, MD	7	Baltimore, MD	15
6	WV	Charleston	Wright Patterson, AFB Dayton, OH	USAF	200	Huntington, WV	60	Beckley, WV	60
6	MD	Cumberland	National Naval Medical Center	USN	138	Martinsburg WV	80	Pittsburgh, PA	220
6	PA	Ebensburg	National Naval Medical Center	USN	200	Altoona, VA	45	Pittsburgh, PA	90
6	PA	Erie	National Naval Medical Center	USN	390	Erie, PA	1	Buffalo, NY	100
6	PA	Harrisburg	Army Clinic Carlisle Bks, PA	USA	22	Camphill, PA	7	New Cumberland, PA	7
6	WV	Huntington	Wright Patterson AFB	USAF	165	Huntington, WV	10	Beckley	115
6	PA	Lehigh Valley	NAS Willow Grove, PA	USN	41	Allentown, PA	10	Harrisburg, PA	86
6	WV	Moundsville	Wright-Patterson AFB Medical Center	USAF	226	Pittsburgh, PA	78	Pittsburgh, PA	78
6	PA	Pittsburg	National Naval Medical Center	USN	248	Oakland	18	Pittsburgh, PA	23
6	PA	Reading	NAS Willow Grove, PA	USN	65	Lebanon, PA	40	Harrisburg, PA	60
6	DC	Washington	Naval National Medical Center	USN	32	Washington, DC	10	Burtonsville, MD	43
6	PA	Williamsport	Naval National Medical Center	USN	179	Wilks-Bare, PA	71	Harrisburg, PA	90
7	NC	Asheville	BMC NAS Atlanta, GA	USN	225	Asheville, NC	6	Charlotte, NC	150
7	SC	Charleston	Naval Hospital Charleston, SC	USN	5	Charleston, SC	10	Columbia, SC	100
7	NC	Charlotte	Moncrief Army Community Hospital	USA	110	Salisbury	30	Charlotte, NC	10
7	SC	Columbia	Moncrief Army Community Hospital	USA	9	Columbia, SC	7	Fort Jackson, SC	8
7	NC	Greensboro	Ft. Bragg, NC	USA	150	Salisbury, NC	60	Raleigh, NC	70
7	SC	Greenville	Ft Jackson Army Hospital	USA	150	Greenville, SC	10	Charlotteville, NC	110
7	VA	Norfolk	Naval Hospital Portsmouth, VA	USN	10	Hampton, VA	30	Richmond, VA	102
7	NC	Raleigh	Seymour Johnson AF	USAF	53	Durham, NC	20	Raleigh, NC	11
7	VA	Richmond	Kenner Hospital, Fort Lee	USA	28	Richmond, VA	6	Richmond, VA	12
7	VA	Roanoke	Naval Hospital Portsmouth, NH	USN	225	Salem, VA	8	Richmond, VA	185
7	NC	Wilmington	Naval Hospital Camp Lejeune	USN	62	Fayetteville	150	Raleigh, NC	130



RC	State	Facility Name	Closest MTF:			Closest VA Facility:			Closest MEPS:		
			13	14	15	16	17	18	19	Distance	Distance
8	GA	Atlanta	BMC NAS Atlanta, GA	USN	16	Decatur, GA	25	Atlanta, GA	8		
8	GA	Augusta	Eisenhower Army Medical Center, GA	USA	5	Augusta, GA	2	Columbia, SC	75		
8	GA	Columbus	Martin USA Hospital, Ft. Benning, GA	USA	13	Tuskegee, AL	50	Montgomery, AL	85		
8	FL	Jacksonville	Naval Hospital Jacksonville, FL	USN	2	Gainesville, FL	50	Jacksonville, FL	15		
8	FL	Miami	Naval Hospital Jacksonville, FL	USN	360	Miami, FL	25	Miami, FL	10		
8	FL	Orlando	BMC NTC Orlando, FL	USN	2	Orlando, FL	3	Tampa, FL	80		
8	FL	Pensacola	Naval Hospital Pensacola, FL	USN	7	Pensacola, FL	10	Montgomery, AL	130		
8	PR	Roosevelt Roads	Naval Hospital Roosevelt Roads, PR	USN	3	San Juan, PR	60	San Juan, PR	60		
8	GA	Savannah	Naval Hospital Beaufort, SC	USN	45	Savannah, GA	5	Columbia, SC	145		
8	FL	St. Petersburg	USCG Air Sta Med Clinic, Clearwater	USCG	1	St. Petersburg, FL	16	Tampa, FL	22		
8	FL	Tallahassee	BMC Panama City, FL	USN	990	Lakeland, FL	40	Jacksonville, FL	190		
8	FL	Tampa	6th Med Group MacDill AFB	USAF	12	Tampa, FL	17	Tampa, FL	10		
8	FL	West Palm Beach	Patrick AFB, FL	USAF	140	West Palm Beach, FL	12	Miami, FL	55		
9	OH	Akron	Branch Medical Clinic Cleveland, OH	USN	50	Canton, OH	35	Cleveland, OH	50		
9	TN	Chattanooga	Branch Clinic NAS Atlanta, GA	USN	122	Murfreesboro	95	Atlanta, GA	125		
9	OH	Cincinnati	Wright Patterson AFB	USAF	70	Cincinnati, OH	4	Columbus, OH	110		
9	OH	Cleveland	BMC Great Lakes, Cleveland	USN	1	Wade Park	6	Cleveland, OH	1		
9	OH	Columbus	Wright Patterson AFB	USAF	60	Columbus, OH	5	Columbus, OH	5		
9	OH	Dayton	Wright Patterson AFB	USAF	16	Dayton, OH	1	Columbus, OH	83		
9	IN	Evansville	Community Hospital, Ft Campbell, KY	USA	86	Evansville, IN	3	Indianapolis, IN	151		
9	IN	Gary	Naval Hospital, Great Lakes	USN	82	Merriville, IN	24	Chicago, IL	51		
9	IN	Indianapolis	Wright Patterson AFB	USAF	90	Indianapolis, IN	6	Indianapolis, IN	4		
9	TN	Knoxville	Branch Clinic NAS Atlanta, GA	USN	204	Knoxville, TN	15	Knoxville, TN	15		
9	KY	Lexington	Ft. Knox Ireland Army Hospital	USA	110	Lexington, KY	10	Louisville, KY	87		
9	KY	Louisville	Ft. Knox Ireland Army Hospital	USA	28	Louisville, KY	16	Louisville, KY	8		
9	TN	Memphis	BMC NAS Millington, TN	USN	1	Memphis, TN	25	Memphis, TN	25		
9	TN	Nashville	Ft. Campbell	USA	65	Nashville, TN	13	Nashville, TN	8		
9	TN	Southbend	Naval Hospital, Great Lakes	USN	130	Fort Wayne, IN	60	Indianapolis, IN	150		
9	OH	Toledo	DoD Med. Clinic, Selfridge AFB, MI	USN	100	Toledo, OH	15	Troy, MI	80		
9	OH	Youngstown	Wright Patterson AFB	USAF	250	Brecksville, OH	90	Cleveland, OH	70		

Part C

			Closest MTF:			Closest VA Facility:			Closest MEPS:		
RC	State	Facility Name	13 Name	14 Service	15 Distance	16 Name	17 Distance	18 Name	19 Distance		
10	LA	Baton Rouge	NMC New Orleans, LA	USN	94	New Orleans, LA	90	New Orleans, LA	90		
10	AL	Bessemer	Maxwell AFB, AL	USAF	100	Birmingham, AL	20	Montgomery, AL	100		
10	MS	Gulfport	NH Pensacola, BMC Gulfport, MS	USN	1	Gulfport, MS	5	New Orleans, LA	85		
10	AL	Huntsville	Fox Army Hospital Redstone Arsenal	USA	8	Nashville, TN	101	Nashville, TN	98		
10	MS	Jackson	BMC NAS Meridian, MS	USN	122	Jackson, MS	5	Jackson, MS	3		
10	AR	Little Rock	Little Rock AFB Hospital	USAF	10	Little Rock, AR	10	Little Rock, AR	10		
10	AL	Mobile	Mobile Area USCG Branch Clinic	USCG	6	Mobile, AL	3	New Orleans, LA	150		
10	LA	New Orleans	Naval Air Station New Orleans	USN	14	New Orleans, LA	8	New Orleans, LA	7		
10	OK	Oklahoma City	Tinker AFB Hospital	USAF	3	Oklahoma City, OK	10	Oklahoma City, OK	18		
10	LA	Shreveport	Barksdale, AFB	USAF	3	Shreveport, LA	12	Shreveport, LA	16		
10	OK	Tulsa	Tinker AFB Hospital	USAF	125	Muskogee, OK	45	Oklahoma City, OK	125		
10	AL	Tuscaloosa	BMC Meridian, MS	USN	114	Tuscaloosa, AL	5	Montgomery, AL	102		
11	NM	Albuquerque	Kirtland AFB	USAF	5	Albuquerque, NM	5	Albuquerque, NM	10		
11	TX	Amarillo	Reese Air Force Base, Lubbock, TX	USAF	120	Amarillo, TX	8	Amarillo, TX	4		
11	TX	Austin	Lackland AFB, San Antonio, TX	USAF	100	Waco, TX	115	San Antonio, TX	74		
11	TX	Corpus Christi	Naval Hospital Corpus Christi	USN	1	Corpus Christi, TX	12	San Antonio, TX	215		
11	TX	Dallas	BMC, NAS Dallas	USN	1	Dallas, TX	20	Dallas, TX	12		
11	TX	El Paso	William Beaumont Army Med Ctr	USA	1	El Paso, TX	1	El Paso, TX	5		
11	TX	Harlingen	BMC Kingsville, TX	USN	90	McAllen, TX	50	San Antonio, TX	258		
11	TX	Houston	Naval Hospital Corpus Christi	USN	222	Houston, TX	1	Houston, TX	6		
11	TX	Laredo	Closed								
11	TX	Lubbock	Reese Air Force Base, Lubbock, TX	USAF	15	Lubbock, TX	15	Amarillo, TX	122		
11	TX	Orange	Army Hospital, Ft Polk, LA	USA	100	Beaumont, TX	40	Houston, TX	120		
11	TX	San Antonio	BAMC, Fort Sam Houston, TX	USA	2	San Antonio, TX	15	San Antonio, TX	6		
11	TX	Tyler	Naval Air Station Dallas, TX	USN	90	Dallas, TX	90	Dallas, TX	90		
11	TX	Waco	Darnell Army Community Hospital	USA	75	Waco, TX	7	Dallas, TX	90		

Part C

RC	State	Facility Name	Closest MTF:			Closest VA Facility:			Closest MEPS:		
			13	14	15	16	17	18	19		
			Name	Service	Distance	Name	Distance	Name	Distance		
13	MO	Cape Girardeau	Naval Hospital Millington, TN	USN	170	Marion, IL	65	St. Louis, MO	135		
13	IA	Cedar Rapids	Naval Hospital, Great Lakes	USN	280	Iowa City, IA	25	Des Moines, IA	125		
13	IL	Decatur	375th Medical Group/SGRO	USAF	100	Decatur, IL	1	St. Louis, MO	100		
13	IA	Des Moines	Offutt AFB, Omaha, NE	USAF	120	Des Moines, IA	10	Des Moines, IA	12		
13	IA	Dubuque	Rock Island Arsenal, Illinois	USA	90	Iowa City, IA	94	Des Moines, IA	220		
13	IL	Forest Park	Naval Hospital, Great Lakes	USN	44	Hines	2	Des Plaines, IL	17		
13	IL	Great Lakes	Naval Hospital, Great Lakes	USN	3	North Chicago, IL	1	Chicago, IL	45		
13	MO	Kansas City	USA Hospital, Ft Leavenworth, KA	USA	45	Kansas City, MO	3	Kansas City, MO	10		
13	NE	Lincoln	Offutt AFB, Omaha, NE	USAF	65	Lincoln, NE	12	Omaha, NE	65		
13	NE	Omaha	Offutt AFB, Omaha, NE	USAF	15	Omaha, NE	7	Omaha, NE	8		
13	IL	Peoria	Naval Hospital, Great Lakes	USN	195	Danville, IL	125	Great Lakes, IL	195		
13	IL	Rock Island	Army Hlth Clinic, Rock Island, IL	USA	1	Iowa City, IA	55	Des Moines, IA	181		
13	IA	Sioux City	Offutt AFB, Omaha, NE	USAF	110	Souix Falls, SD	92	Souix Falls, SD	92		
13	MO	Springfield	Ft. Leonard Army Hospital	USA	90	Mt. Vernon, MO	55	St. Louis, MO	350		
13	MO	St. Louis	Scott AFB Hospital, IL	USAF	35	St. Louis, MO	10	St. Louis, MO	12		
13	KS	Topeka	Munson Army, Ft Leavenworth, KA	USA	70	Topeka, KS	2	Kansas City, MO	6		
13	IA	Waterloo	Naval Hospital, Great Lakes	USN	280	Iowa City, IA	70	Des Moines, IA	130		
13	KS	Wichita	McConnel AFB Clinic	USAF	2	Wichita, KS	5	Kansas City, MO	220		

Part C

Closest MTF:			Closest VA Facility:			Closest MEPS:		
13	Name		14	15	16	17	18	19
RC	State	Facility Name	Service	Distance	Name	Distance	Name	Distance
16	MI	Battle Creek	USN	250	Battle Creek, MI	8	Lansing, MI	65
16	MI	Cadillac	USN	300	Battle Creek, MI	150	Detroit, MI	250
16	MI	Calumet	USN	425	Iron Mountain, MI	150	Milwaukee, WI	370
16	WY	Cheyenne	USAF	10	Cheyenne Way, WY	5	Denver, CO	115
16	CO	Denver	USA	8	Denver, CO	20	Denver, CO	25
16	MI	Detroit	USAF	205	Allen Park	56	Lansing, MI	65
16	MN	Duluth	USN	450	Twin Ports	18	Minneapolis, MN	160
16	ND	Fargo	USAF	98	Fargo, ND	6	Fargo, ND	10
16	CO	Fort Carson	USA	4	Denver, CO	78	Denver, CO	75
16	MI	Grand Rapids	USN	220	Grand Rapids, MI	2	Lansing, MI	45
16	WI	Green Bay	USN	162	Appleton	35	Milwaukee, WI	110
16	WI	La Crosse	USN	250	Minneapolis	150	Minneapolis, MN	150
16	MI	Lansing	USN	280	Ann Arbor, MI	68	Lansing, MI	4
16	WI	Madison	USN	130	Madison, WI	8	Milwaukee, WI	75
16	WI	Milwaukee	USN	52	Milwaukee, WI	10	Milwaukee, WI	10
16	WI	Oshkosh						
16	MI	Saginaw	USN	350	Saginaw, MI	10	Lansing, MI	80
16	WI	Sheboygan						
16	SD	Sioux Falls	USAF	190	Sioux Falls	5	Sioux Falls	3
16	MN	St. Paul	USN	392	Minneapolis	1	Minneapolis, MN	200
16	WI	Stevens Point	USN	245	Kings Clinic	55	Milwaukee, WI	1

			Closest MTF:			Closest VA Facility:			Closest MEPS:		
			13	14	15	16	17	18	19		
RC	State	Facility Name	Name	Service	Distance	Name	Distance	Name	Distance		
19	CA	Bakersfield	Naval Hospital Lemoore	USN	110	Bakersfield, VA	5	Fresno, CA	108		
19	CA	Encino	AFSC Clinic, Los Angeles, CA	USAF	35	Los Angeles, CA	30	Los Angeles, CA	20		
19	CA	Fresno	144th Medical Squadron, Fresno	USAF	1	Fresno, CA	4	Fresno, CA	6		
19	HI	Honolulu	Tripler Army Medical Center	USA	4	Honolulu, HI	5	Honolulu, HI	10		
19	NV	Las Vegas	Nellis Federal Hospital, Las Vegas, NV	USAF	11	Las Vegas, NV	5	Phoenix, AZ	360		
19	CA	Long Beach	BMC Camp Pendleton, Long Beach	USN	2	Long Beach, CA	10	Long Beach, CA	10		
19	CA	Mareno Valley	March AFB Hospital	USAF	0	Loma Linda, CA	15	Los Angeles, CA	15		
19	AZ	Phoenix	56th Medical Group, Luke AFB	USAF	18	Carl Haden	5	Phoenix, AZ	5		
19	CA	Pomona	Closed								
19	CA	Port Hueneme	Branch Clinic, Port Hueneme	USN	1	Santa Barbara,CA	40	Los Angeles	60		
19	CA	San Bernardino	Closed								
19	CA	San Diego	NAS Miramar, Branch Clinic	USN	2	La Jolla, CA	12	San Diego, CA	15		
19	CA	Santa Ana	Closed								
19	AZ	Tucson	355th Medical Group, Davis-Monthan	USAF	1	Tucson, AZ	9	Phoenix, AZ	135		

Part C

Closest MTF:			Closest VA Facility:			Closest MEPS:			
RC	State	Facility Name	13 Name	14 Service	15 Distance	16 Name	17 Distance	18 Name	19 Distance
22	CA	Alameda	Branch Clinic, NAS Alameda	USN	2	Martinez, CA	60	Oakland	5
22	AK	Anchorage	3rd Med Group Hospital, Elmendorf	USAF	5	Anchorage, AK	5	Anchorage, AK	5
22	MT	Billings	Malstrom AFB, Great Falls MT	USAF	250	Miles City, MT	100	Butte, MT	200
22	ID	Boise	Mountain Home AFB, ID	USAF	55	Boise, ID	7	Boise, ID	4
22	WA	Bremerton	BMC Naval Station Puget Sound	USN	1	Tacoma, WA	45	Seattle, WA	75
22	OR	Central Point	9th Medical Group, Beale AF Base	USAF	290	White City, OR	10	Portland, OR	272
22	OR	Eugene	Naval Hospital Bremerton, WA	USN	350	Portland, OR	110	Portland, OR	110
22	WA	Everett	BMC Everett	USN	1	Seattle, WA	30	Seattle, WA	30
22	MT	Great Falls	Malstrom AFB, Great Falls MT	USAF	11	Fort Harrison, MT	90	Butte, MT	120
22	MT	Missoula	Malstrom AFB, Great Falls MT	USAF	186	Fort Harrison, MT	112	Battle, MT	125
22	WA	NRMTF	Closed						
22	UT	Ogden	Hill AFB Hospital	USAF	20	Salt Lake City, UT	60	Salt Lake City, UT	60
22	ID	Pocatello	Hill AFB, UT	USAF	160	Pocatello, ID	5	Boise, ID	200
22	OR	Portland	Madigan Army Medical Center	USA	120	Portland, OR	10	Portland, OR	6
22	NV	Reno	BMC NAS Fallon, NV	USN	80	Reno, NV	10	Oakland, CA	215
22	WA	Richland	Fairchild AFB, Spokane, WA	USAF	160	Walla Walla, WA	75	Spokane, WA	160
22	CA	Sacramento	77th Medical Group Hospital	USAF	10	Sacramento, CA	15	Oakland, CA	95
22	OR	Salem	Naval Hospital Bremerton, WA	USN	220	Portland, OR	45	Portland, OR	55
22	UT	Salt Lake City	Hill AFB, UT	USAF	40	Salt Lake City, UT	1	Salt Lake City, UT	10
22	CA	San Bruno	Branch Clinic, Treasure Island	USN	18	San Francisco, CA	10	Oakland, CA	30
22	CA	San Francisco	Branch Clinic, Treasure Island	USN	1	San Francisco, CA	10	Oakland, CA	20
22	CA	San Jose	USAF 750th Medical Squadron	USAF	11	Menlo Park, CA	19	Oakland, CA	42
22	WA	Seattle	Madigan Army Medical Center	USA	40	Seattle, WA	8	Seattle, WA	2
22	WA	Spokane	Fair Child AFB, Washington	USAF	16	Spokane, WA	1	Spokane, WA	8
22	CA	Stockton	BMC Stockton, CA	USN	1	Livermore, CA	45	Oakland, CA	70
22	WA	Tacoma	Madigan Army Medical Center	USA	15	American Lake, WA	15	Seattle, WA	35

RC State		Closest MTF:		13		14		15		Closest VA Facility:		17		Closest MEPS:		19	
		Facility Name	Name	Service	Distance	Name	Distance	Name	Distance	Name	Distance	Name	Distance	Name	Distance	Name	Distance
NAF	DC	Facility Washington	BMC Washington, DC	USN	0	Washington, DC	12	Washington, DC	12	Baltimore, MD	26	Baltimore, MD	26	Baltimore, MD	26	Baltimore, MD	26
NAR	OH	NAR Columbus	Wright Patterson AFB	USAF	80	Columbus, OH	16	Columbus, OH	16	Columbus, OH	20	Columbus, OH	20	Columbus, OH	20	Columbus, OH	20
NAR	CO	NAR Denver	Fitzsimmons Army Medical Ctr	USA	5	Denver, CO	20	Denver, CO	20	Denver, CO	25	Denver, CO	25	Denver, CO	25	Denver, CO	25
NAR	FL	NAR Jacksonville	Branch Clinic, Jacksonville	USN	2	Rehab Satellite Clinic,	15	Jacksonville	15	Jacksonville	15	Jacksonville	15	Jacksonville	15	Jacksonville	15
NAR	CA	NAR Lemoore	Annex, Naval Hospital Lemoore	USN	7	Fresno, CA	60	Fresno, CA	60	Fresno, CA	60	Fresno, CA	60	Fresno, CA	60	Fresno, CA	60
NAR	TN	NAR Memphis	Branch Clinic Millington, TN	USN	0	Memphis, TN	25	Memphis, TN	25	Memphis, TN	25	Memphis, TN	25	Memphis, TN	25	Memphis, TN	25
NAR	MN	NAR Minneapolis	Naval Hospital Great Lakes	USN	384	Minneapolis, MN	2	Minneapolis, MN	2	Minneapolis, MN	20	Minneapolis, MN	20	Minneapolis, MN	20	Minneapolis, MN	20
NAR	VA	NAR Norfolk	Sewells Point Branch Medical Clinic	USN	4	Hampton, VA	20	Hampton, VA	20	Hampton, VA	100	Hampton, VA	100	Hampton, VA	100	Hampton, VA	100
NAR	KS	NAR Olathe	Fort Leavenworth, KS	USA	42	Fort Leavenworth, KS	39	Fort Leavenworth, KS	39	Fort Leavenworth, KS	55	Fort Leavenworth, KS	55	Fort Leavenworth, KS	55	Fort Leavenworth, KS	55
NAR	CA	NAR Point Mugu	Vandenberg AFB	USAF	110	Santa Barbara, CA	15	Santa Barbara, CA	15	Santa Barbara, CA	45	Santa Barbara, CA	45	Santa Barbara, CA	45	Santa Barbara, CA	45
NAR	CA	NAR San Diego	BMC North Island, San Diego, CA	USN	0	San Diego, CA	15	San Diego, CA	15	San Diego, CA	10	San Diego, CA	10	San Diego, CA	10	San Diego, CA	10
NAR	CA	NAR Santa Clara	Travis, AFB	USAF	85	Palo Alto, CA	15	Palo Alto, CA	15	Palo Alto, CA	35	Palo Alto, CA	35	Palo Alto, CA	35	Palo Alto, CA	35
NAR	MI	NAR Selfridge	Wright Patterson AFB	USAF	270	Allen Park, MI	37	Allen Park, MI	37	Allen Park, MI	39	Allen Park, MI	39	Allen Park, MI	39	Allen Park, MI	39
NAR	WA	NAR Whidbey Is.	Naval Hospital Oak Harbor	USN	1	Seattle, WA	90	Seattle, WA	90	Seattle, WA	90	Seattle, WA	90	Seattle, WA	90	Seattle, WA	90
NAS	GA	NAS Atlanta	NAS BMC Atlanta, GA	USN	1	Atlanta, GA	35	Atlanta, GA	35	Atlanta, GA	22	Atlanta, GA	22	Atlanta, GA	22	Atlanta, GA	22
NAS	TX	NAS Dallas	BMC NAS Dallas, TX	USN	1	Dallas, TX	20	Dallas, TX	20	Dallas, TX	15	Dallas, TX	15	Dallas, TX	15	Dallas, TX	15
NAS	IL	NAR Chicago	Naval Hospital Great Lakes	USN	2	North Chicago, IL	1	North Chicago, IL	1	North Chicago, IL	40	North Chicago, IL	40	North Chicago, IL	40	North Chicago, IL	40
NAS	LA	NAS New Orleans	BMC New Orleans, LA	USN	0	New Orleans, LA	10	New Orleans, LA	10	New Orleans, LA	10	New Orleans, LA	10	New Orleans, LA	10	New Orleans, LA	10
NAS	MA	NAS S. Weymouth	BMC South Weymouth, MA	USN	0	Roxbury, MA	15	Roxbury, MA	15	Roxbury, MA	15	Roxbury, MA	15	Roxbury, MA	15	Roxbury, MA	15
NAS	PA	NAS Willow Grove	Walson Army Hospital, Fort Dix NJ	USA	39	Philadelphia, PA	30	Philadelphia, PA	30	Philadelphia, PA	26	Philadelphia, PA	26	Philadelphia, PA	26	Philadelphia, PA	26

Part C





# Naval Reserve Physical Examination Survey

## Part D: Historical Physical Exam Data

For More Information:  
If 27a is checked go to Part E-How  
If 27b is checked go to Part D-Mix  
If 27c is checked go to Part D-Out

		20. # Exams 01 Oct 94 to 30 Sep 94:							26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94			Footnotes: (Refer to End of Part D)
RC	tat	Facility Name	21. Periodic	22. Acasn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. In-House	b. Part In/Part Out	c. Whole done out		
1	NY	Albany	55	35	10	8	108	2	1	34	18	1			#1	
1	ME	Augusta	30	10	0	0	40	3	1	22	4	1				
1	ME	Bangor	6	0	1	0	7	1	0	4	1			1		
1	NY	Frankfort	16	11	0	0	27	2	0	3	11		1			
1	NY	Glens Falls	31	5	2	0	38	1	2	8	20				#2	
1	NH	Manchester	56	25	0	0	81	2	2	24	28	1				
1	CT	New Haven	91	34	4	16	145	8	1	50	32	1		1		
1	CT	Plainville	30	23	3	0	56	1	2	9	18	1				
1	ME	Portland	57	10	7	9	83	5	1	37	14			1	#3	
1	RI	Providence	78	8	8	33	127	3	3	30	42	1				
1	MA	South Weymth	39	46	2	0	87	5	7	15	12			1		
1	NY	Watertown	9	6	0	0	15	0	0	4	5			1		
1	VT	White River	10	9	0	2	21	0	1	3	6		1		#4	
1	MA	Worcester	8	8	0	6	22	0	0	3	5			1		
4	NY	Amityville	10	170	0	0	180	0	4	3	3	1				
4	NY	Bronx	110	80	0	42	232	20	7	47	36	1				
4	NY	Brooklyn	86	20	30	0	136	8	2	23	53		1		#5	
4	NY	Buffalo	76	34	0	0	110	26	5	37	8		1			
4	NY	Fort Dix	146	44	1	1	192	13	3	73	57	1				
4	NY	Horseheads	61	8	0	20	89	4	2	6	49		1			
4	NJ	Kearny	118	112	0	0	230	9	0	89	20		1		#6	
4	DE	Lewes	7	3	0	0	10	0	0	5	2		1			
4	PA	Philadelphia	Closed				0									
4	NY	Rochester	36	40	0	4	80	3	1	27	5	1				
4	NY	Staten Island	Closed				0								#6	
4	NY	Syracuse	47	43	0	6	96	2	6	18	21	1				
4	DE	Wilmington	16	15	0	33	64	3	1	7	5	1				

Part D-How

RC	tat	Facility Name	20. # Exams 01 Oct 94 to 30 Sep 94:					26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94			Footnotes: (Refer to End of Part D)
			21. Periodic	22. Acasn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. In-House	b. Part In/ c. Part Out	Whole done out	
6	MD	Adelphi	50	1	3	17	71	5	10	12	23			1	#7
6	PA	Avoca	18	6	2	3	29	0	3	3	12	1			
6	MD	Baltimore	55	20	2	35	112	6	6	25	18			1	
6	WV	Charleston	14	6	3	4	27	1	0	7	6	1			
6	MD	Cumberland	9	0	0	0	9	0	2	2	5		1		
6	PA	Ebensburg	26	3	0	0	29	0	0	10	16	1			
6	PA	Erie	2	33	0	0	35	1	0	1	0		1		
6	PA	Harrisburg	21	72	0	0	93	0	1	18	2			1	#8
6	WV	Huntington	15	11	0	1	27	1	0	3	11	1			
6	PA	Lehigh Valley	35	127	0	6	168	1	0	18	16	1			
6	WV	Moundsville	14	24	13	6	57	2	0	10	2		1		
6	PA	Pittsburg	137	105	40	5	287	13	7	89	28		1		
6	PA	Reading	16	0	0	0	16	3	1	9	3			1	
6	DC	Washington	159	9	26	5	199	12	17	40	90			1	
6	PA	Williamsport	12	23	0	79	114	3	1	5	3	1			
7	NC	Asheville	37	25	0	0	62	3	4	8	23			1	
7	SC	Charleston	133	47	47	0	227	21	12	65	35			1	
7	NC	Charlotte	47	110	0	0	157	26	6	10	5		1		
7	SC	Columbia	46	19	0	1	66	1	3	29	13			1	
7	NC	Greensboro	14	32	0	0	46	1	1	5	7		1		
7	SC	Greenville	20	26	0	4	50	1	1	13	5		1		
7	VA	Norfolk	338	202	35	21	596	111	35	82	110			1	
7	NC	Raleigh	43	39	0	0	82	10	1	26	6			1	
7	VA	Richmond	90	50	0	20	160	18	7	44	21			1	
7	VA	Roanoke	64	46	0	12	122	9	2	47	6	1			
7	NC	Wilmington	140	70	0	0	210	30	25	40	45			1	

Part D-How

		20. # Exams 01 Oct 94 to 30 Sep 94:					26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94				Footnotes:
RC	Facility Name	21. Periodic	22. Acasn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. In- House	b. Part In/ Part Out	c. Whole done out	(Refer to End of Part D)	
8	GA Atlanta	69	31	3	35	138	2	3	33	31			1		
8	GA Augusta	22	9	0	0	31	7	0	10	5			1		
8	GA Columbus	42	18	0	0	60	4	3	29	6		1			
8	FL Jacksonville	77	0	8	51	136	15	8	22	32		1			
8	FL Miami	130	10	5	0	145	5	2	89	49	1				
8	FL Orlando	130	96	67	19	312	34	8	70	18		1			
8	FL Pensacola	45	20	0	0	65	8	6	18	13					
8	PR Roosevelt Rds	95	6	4	0	105	6	1	77	11			1		
8	GA Savannah	40	12	0	0	52	4	1	14	21		1			
8	FL St. Petersburg	182	14	6	0	202	22	11	97	52	1				
8	FL Tallahassee	28	12	0	0	40	3	5	9	11	1				
8	FL Tampa	125	64	0	0	189	12	11	50	52	1				
8	FL West Palm Bch	54	23	0	0	77	6	2	42	4	1			#9	
9	OH Akron	23	24	2	0	49	2	1	8	12	1			#10	
9	TN Chattanooga	68	23	0	20	111	3	7	35	23	1				
9	OH Cincinnati	11.	19	7	0	37	1	0	6	4	1				
9	OH Cleveland	63	8	5	2	78	7	4	26	26	1				
9	OH Columbus	37	35	0	0	72	5	3	17	12		1			
9	OH Dayton	12	34	3	1	50	3	0	6	3		1			
9	IN Evansville	30	48	0	0	78	1	2	21	6		1			
9	IN Gary	30	6	4	3	43	1	1	12	16	1			#11	
9	IN Indianapolis	22	42	0	4	68	1	1	12	8	1				
9	TN Knoxville	88	16	10	0	114	6	18	47	17	1			#12	
9	KY Lexington	48	30	0	4	82	4	2	27	15		1			
9	KY Louisville	31	28	9	0	68	1	2	10	18	1				
9	TN Memphis	60	30	0	9	99	12	7	15	26			1		
9	TN Nashville	24	0	0	8	32	2	4	10	8	1				
9	TN Southbend	14	13	10	0	37	4	0	8	2			1		
9	OH Toledo	22	8	0	0	30	4	0	14	5	1				
9	OH Youngstown	28	0	2	0	30	4	2	10	12	1				

Part D-How

RC	tat	Facility Name	20. # Exams 01 Oct 94 to 30 Sep 94:					26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94			Footnotes: (Refer to End of Part D)
			21. Periodic	22. Acasn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. In- House	b. Part Out	c. Whole done out	
10	LA	Baton Rouge	43	49	0	0	92	12	0	21	10	1			
10	AL	Bessemer	133	96	0	0	229	15	4	76	38	1		1	
10	MS	Gulfport	22	28	0	4	54	3	3	8	8				
10	AL	Huntsville	65	13	0	0	78	15	2	41	7		1		
10	MS	Jackson	22	10	0	0	32	1	1	17	3	1			
10	AR	Little Rock	59	80	12	0	151	5	3	40	11	1			
10	AL	Mobile	42	0	0	0	42	1	3	28	10	1			
10	LA	New Orleans	14	21	0	2	37	2	0	9	3		1		#13
10	OK	Oklahoma City	49	32	12	0	93	11	7	17	14			1	
10	LA	Shreveport	14	16	4	1	35	2	1	6	5	1			
10	OK	Tulsa	80	27	0	25	132	12	3	44	21	1			
10	AL	Tuscaloosa	22	0	2	0	24	0	1	14	7	1			
11	NM	Albuquerque	39	28	10	28	105	1	2	19	17	1			
11	TX	Amarillo	11	16	3	0	30	2	0	8	1			1	
11	TX	Austin	9	0	15	23	47	3	1	3	2			1	
11	TX	Corpus Christi	16	50	1	0	67	2	0	11	3			1	
11	TX	Dallas	227	0	23	0	250	34	15	117	61			1	
11	TX	El Paso	50	36	1	3	90	5	0	33	12				
11	TX	Harlingen	15	48	0	0	63	1	0	11	3		1		
11	TX	Houston	114	90	3	5	212	12	3	61	38		1		
11	TX	Laredo	Closed				0								
11	TX	Lubbock	31	50	0	0	81	6	2	15	8			1	
11	TX	Orange	15	30	2	3	50	1	0	4	10		1		
11	TX	San Antonio	76	42	3	31	152	4	10	28	34		1		
11	TX	Tyler	69	73	2	0	144	7	3	48	11	1			
11	TX	Waco	6	42	0	0	48	3	1	1	1			1	

Part D-How

RC		20. # Exams 01 Oct 94 to 30 Sep 94:					26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94				Footnotes: (Refer to End of Part D)
		21. Periodic	22. Acasn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. In- House	b. Part Out	c. Part In/	Whole done out	
13	MO	34	28	0	0	62	4	1	8	21		1			
13	IA	28	0	2	2	32	3	1	18	6	1				
13	IL	14	15	0	0	29	0	0	10	4		1			
13	IA	24	11	0	0	35	1	0	14	9		1			
13	IA	32	3	0	0	35	3	4	9	16		1			
13	IL	54	49	13	0	116	8	8	18	20		1			
13	IL	75	250	30	25	380	9	9	20	37		1		1	#14
13	MO	66	50	2	39	157	6	7	23	30					#15
13	NE	86	28	0	0	114	6	0	72	8				1	
13	NE	42	9	1	5	57	2	2	12	26				1	
13	IL	22	54	0	0	76	1	1	14	6		1			
13	IL	35	25	0	0	60	7	0	19	9		1			
13	IA	13	18	0	0	31	1	3	1	8		1			
13	MO	54	27	0	0	81	8	4	26	16	1				
13	MO	140	206	27	32	405	25	18	50	47	1				
13	KS	15	10	0	0	25	0	0	13	2		1			
13	IA	8	13	0	0	21	0	0	3	5		1			
13	KS	23	16	0	3	42	3	1	3	16				1	#16

Part D-How

RC	tat	Facility Name	20. # Exams 01 Oct 94 to 30 Sep 94:					26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94			Footnotes: (Refer to End of Part D)
			21. Periodic	22. Acasn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. House	b. Part In/ Part Out	c. Whole done out	
16	MI	Battle Creek	48	0	1	0	49	14	1	32	1		1		
16	MI	Cadillac	3	6	0	0	9	1	1	0	1		1		
16	MI	Cahumet	4	0	0	0	4	0	0	1	3		1		
16	WY	Cheyenne	9	70	26	0	105	2	1	5	1			1	
16	CO	Denver	81	492	4	19	596	14	4	29	34		1		
16	MI	Detroit	118	94	0	12	224	3	8	35	72		1		#17
16	MN	Duluth	25	36	2	2	65	3	1	17	4		1		
16	ND	Fargo	60	6	2	5	73	3	7	22	28	1			#18
16	CO	Fort Carson	10	7	0	0	17	0	0	10	0		1		
16	MI	Grand Rapids	71	24	0	0	95	4	0	48	19	1			#19
16	WI	Green Bay	15	14	0	2	31	1	2	3	9		1		
16	WI	La Crosse	27	0	0	2	29	2	2	17	8	1			
16	MI	Lansing	37	0	0	0	37	5	1	14	17	1			
16	WI	Madison	28	18	0	0	46	11	1	12	4	1			
16	WI	Milwaukee	22	28	0	0	50	1	1	3	17		1		
16	WI	Oshkosh	Closed												
16	MI	Saginaw	40	25	5	0	70	5	5	15	5		1		#20
16	WI	Sheboygan													
16	SD	Sioux Falls	14	11	0	0	25	2	1	4	7	1			
16	MN	St. Paul	148	28	0	14	190	11	8	48	41	1			
16	WI	Stevens Point	13	24	0	2	39	1	1	5	6		1		

Part D-How

RC	tat	Facility Name	20. # Exams 01 Oct 94 to 30 Sep 94:					26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94			Footnotes: (Refer to End of Part D)
			21. Periodic	22. Acssn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. In- House	b. Part In/ Part Out	c. Whole done out	
19	CA	Bakersfield	9	79	0	0	88	0	0	2	7			1	
19	CA	Encino	20	120	0	0	140	3	2	10	5			1	
19	CA	Fresno	30	0	0	0	30	1	3	17	9	1			
19	HI	Honolulu	29	10	7	2	48	4	4	8	13			1	
19	NV	Las Vegas	52	62	0	14	128	6	6	21	19			1	
19	CA	Long Beach	221	73	0	84	378	15	12	155	39	1			
19	CA	Mareno Valley	Excused												
19	AZ	Phoenix	55	53	3	16	127	7	8	23	17	1			
19	CA	Pomona	Closed												
19	CA	Port Hueneme	138	32	0	0	170	18	1	116	3			1	
19	CA	San Bernardino	Closed												
19	CA	San Diego	177	133	0	0	310	29	17	56	75			1	
19	CA	Santa Ana	Closed												
19	AZ	Tucson	57	75	0	0	132	Corrected Data Not Received					1		

Part D-How

RC	Facility Name	20. # Exams 01 Oct 94 to 30 Sep 94:					26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94			Footnotes: (Refer to End of Part D)
		21. Periodic	22. Acasn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. House	b. Part In/ Part Out	c. Whole done out	
22	CA Alameda	94	123	30	128	375	16	3	47	28		1		#21
22	AK Anchorage	10	2	0	3	15	1	1	6	2			1	
22	MT Billings	11	19	0	0	30	0	1	4	6			1	
22	ID Boise	37	13	0	0	50	1	1	20	15			1	
22	WA Bremerton	63	38	0	26	127	14	10	19	20		1		#22
22	OR Central Point	7	27	4	3	41	0	0	2	5			1	#23
22	OR Eugene	36	24	14	0	74	4	2	23	7		1	1	
22	WA Everett	34	125	1	0	160	3	2	14	15		1		
22	MT Great Falls	4	11	0	5	20	1	0	2	1			1	
22	MT Missoula	11	12	1	6	30	1	0	9	1			1	
22	WA NRMTH	Closed				0								
22	UT Ogden	22	38	12	0	72	5	5	4	8		1		
22	ID Pocatello	12	24	7	0	43	1	0	2	9		1		
22	OR Portland	152	0	0	0	152	14	11	82	45			1	
22	NV Reno	16	4	9	1	30	2	3	3	8	1			
22	WA Richland	7	2	7	0	16	0	0	1	6		1		
22	CA Sacramento	62	20	10	0	92	10	4	23	25	1			
22	OR Salem	85	6	11	5	107	2	4	65	14		1		#24
22	UT Salt Lake City	68	18	0	10	96	5	6	41	16			1	
22	CA San Bruno	13	0	0	0	13	2	0	8	3			1	
22	CA San Francisco	66	27	11	3	107	11	4	35	16			1	
22	CA San Jose	63	23	3	0	89	8	36	16	3			1	
22	WA Seattle	61	29	0	9	99	2	8	21	30	1			#25
22	WA Spokane	33	40	0	0	73	7	8	8	10			1	
22	CA Stockton	25	3	3	0	31	4	1	14	6			1	
22	WA Tacoma	18	104	0	0	122	1	2	2	13		1		

Part D-How



RC	tat	Facility Name	20. # Exams 01 Oct 94 to 30 Sep 94:					26. Sex and Age Breakdown of PE's:				27. Periodic PE's Prior to Feb 94			Footnotes: (Refer to End of Part D)
			21. Periodic	22. Acasn	23. Special	24. Other	25. Total	a. Women age 17-39	b. Women age 40+	c. Men age 17-39	d. Men age 40+	a. In- House	b. Part In/ Part Out	c. Whole done out	
NAR	DC	Facility Washington	864	95	1564	0	2523	173	69	519	103	1			
NAR	OH	NAR Columbus	45	27	0	0	72	0	0	32	13		1		
NAR	CO	NAR Denver	72	32	35	0	139	13	2	88	10		1		
NAR	FL	NAR Jacksonville	405	169	293	39	906	27	14	212	152		1		
NAR	CA	NAR Lemoore	4	12	10	0	26	0	0	4	0		1		
NAR	TN	NAR Memphis	309	96	0	0	405	20	12	166	111		1		
NAR	MN	NAR Minneapolis	107	0	26	0	133	8	8	41	50	1			
NAR	VA	NAR Norfolk	248	323	158	0	729	77	15	110	46	1			
NAR	KS	NAR Olathe	5	0	1	0	6	0	0	0	5		1		
NAR	CA	NAR Point Mugu	39	22	127	72	260	3	4	15	17	1			
NAR	CA	NAR San Diego	147	106	286	0	539	11	17	70	49	1			
NAR	CA	NAR Santa Clara	87	32	421	0	540	14	11	38	24			1	
NAR	MI	NAR Selfridge	679	191	105	23	998	70	45	190	374	1			#26
NAR	WA	NAR Whidbey Is.	148	23	207	0	378	19	3	79	47	1			
NAS	GA	NAS Atlanta	1500	0	750	0	2250	350	100	800	250	1			
NAS	TX	NAS Dallas	1775	0	786	0	2561	169	9	1117	480	1			
NAS	IL	NAR Chicago	268	127	95	8	498	26	8	153	81	1			
NAS	LA	NAS New Orleans	617	0	1514	0	2131	Data not Received				1			
NAS	MA	NAS S. Weymouth	354	58	222	228	862	90	51	139	74	1			#27
NAS	PA	NAS Willow Grove	700	396	778	0	1874	49	21	490	140	1			
TOTALS			17386	8234	8103	1529	35252	2236	1035	8521	4930	74	66	58	

Part D-How

**Footnotes:**

- # 1 PE's were not really being done prior to Feb94
- 2 Other PE=DIVE, SEPS, RETIRE, ENLIST, PRECOM, EXPLOSIV DRIVER
- 3 Other PE=ASDW & TNPQ
- 4 For Q26: 31 records were checked out. The sex/age percentages from 55 available records were applied to the other 31. Refer to table a for calculations.
- 5 Other PE=Fitness for Duty
- 6 Other PE= Explosive Handlers Physicals
- 7 Other PE= SEPS, RE-ENLIST, AFFIL, TN
- 8 Other PE= Naval Sea Cadets
- 9 Completed exams on AT. 3 Records not available for age/sex determination percentages applied see table b, C251
- 10 Other PE= recruiting PE's for other Services
- 11 Other PE= separation
- 12 Other PE= IRR, HSETC
- 13 Other PE's=IRR Reenlistment
- 14 Other PE's= Promotion, Replacement, Retention
- 15 Other PE's=Boy scouts/ Sea Cadets/ Discharge from ASDW
- 16 Other PE's=Retention & Separation
- 17 Did 31 periodic PE's on member's from other commands no age/sex records kept percentages applied. Refer to table c for calculations.
- 18 Other PE= IRR
- 19 Other PE=retention
- 20 Other PE=IRR
- 21 For Q26: 5 records transferred. The sex/age percentages from 89 available records were applied to the other 5. Refer to table d for calculations.
- 22 Other PE=Explosive Driver
- 23 Other PE=Special applicants
- 24 Other PE=IRR
- 25 Other PE=IRR, Retention, Commissioning
- 26 NAR Whidbey medical office is located in the Naval Hospital. Both the active duty and the reserves do PE's together at the hospital.
- 27 Other PE=Occupational Health

TABLE A:

For Brooklyn sex/age distribution			
Percentages applied			
#rptd	%	rcds out	new #
5	9.1%	2.8182	8
1	1.8%	0.5636	2
15	27.3%	8.4545	23
34	61.8%	19.164	53
55	1.0	31	86

TABLE C:

For Detroit sex/age distribution			
Percentages applied			
#rptd	%	rcds out	new #
2	11.1%	3	6
6	3.70%	1	2
26	77.8%	21	42
53	7.4%	2	4
87	1.0	31	54

TABLE B

For West Palm Beach sex/age distribution			
Percentages applied			
#rptd	%	rcds out	new #
3	11.11%	3	6
1	3.70%	1	2
21	77.78%	21	42
2	7.41%	2	4
27	1.0	27	54

TABLE B

For Alameda sex/age distribution			
Percentages applied			
#rptd	%	rcds out	new #
15	11.11%	1	16
3	3.70%	0	3
43	77.78%	4	47
28	7.41%	0	28
89	1.0	5	54



## Naval Reserve Physical Examination Survey

### Part D: Historical Physical Exam Data For Facilities Who Did Whole PE Out Before Feb 94

Note: Users of this page will skip question 32

			27	28. Where: [ If Whole PE Done Out (Q27c): ]										Information About Facility Identified in Q28:			
RC	State	Facility Name	c. Whole done out	a.	b.	c.	d.	NRF	e.	f.	Cost	g.	Other	Explain	29. Name	30. Distance	31. Svc
1	NY	Albany															
1	ME	Augusta															
1	ME	Bangor		1	1												
1	NY	Frankfort		1													
1	NY	Glens Falls															
1	NH	Manchester															
1	CT	New Haven		1	1												
1	CT	Plainville															
1	ME	Portland		1	1												
1	RI	Providence															
1	MA	South Weymouth		1	1												
1	NY	Watertown		1	1												
1	VT	White River															
1	MA	Worcester		1	1												
4	NY	Amityville															
4	NY	Bronx															
4	NY	Brooklyn															
4	NY	Buffalo															
4	NY	Fort Dix															
4	NY	Horseheads															
4	NJ	Kearny															
4	DE	Lewes															
4	PA	Philadelphia															
4	NY	Rochester															
4	NY	Staten Island															
4	NY	Syracuse															
4	DE	Wilmington															

Part D-Out

			27	28. Where: [ If Whole PE Done Out (Q27c): ]										Information About Facility Identified in Q28:		
RC	State	Facility Name	c. Whole done out	a. MTF	b. NARU	c. VA	d. Other	e. NRF	f. MEPS	g. Civiln	Cost Each:	Other	Explain	29. Name	30. Distance	31. Svc
6	MD	Adelphi	1		1									Naval National Medical Cente	9	USN
6	PA	Avoca														
6	MD	Baltimore	1		1									Naval National Medical Cente	52	USN
6	WV	Charleston														
6	MD	Cumberland														
6	PA	Ebensburg														
6	PA	Erie														
6	PA	Harrisburg	1		1									AMC Carlisle Barracks, PA	22	USA
6	WV	Huntington														
6	PA	Lehigh Valley														
6	WV	Moundsville														
6	PA	Pittsburg														
6	PA	Reading	1		1									NAS Willow Grove	65	USN
6	DC	Washington	1		1									Naval National Medical Cente	32	USN
6	PA	Williamsport														
7	NC	Asheville	1		1						1 see #32			St. Joseph's Urgent Care	5	N/A
7	SC	Charleston	1		1									BMC Naval Base Charleston	5	USN
7	NC	Charlotte														
7	SC	Columbia	1		1						see #32			Moncrief Army Hospital	9	USA
7	NC	Greensboro														
7	SC	Greenville														
7	VA	Norfolk	1		1									ADM Joel Boone Clinic	2	USN
7	NC	Raleigh	1		1						1 see #32			Doctor's Urgent Care	6	N/A
7	VA	Richmond	1		1									Kenner Army Hosp, Ft. Lee	28	USA
7	VA	Roanoke														
7	NC	Wilmington	1		1									Naval Hospital Camp Lejeune	62	USN

RC	State	Facility Name	27										28. Where: [ If Whole PE Done Out (Q27c): ]			Information About Facility Identified in Q28:		
			c. Whole done out	a. MTF	b. NARU	c. VA	d. NRF Other	e. MEPS	f. Civiln	Cost Each:	g. Other	Explain	29. Name	30. Distance	31. Svc			
8	GA	Atlanta	1	1						1 unknown			BMC NAS Atlanta, GA Master Health Plan	16	USN			
8	GA	Augusta	1											4	N/A			
8	GA	Columbus																
8	FL	Jacksonville																
8	FL	Miami																
8	FL	Orlando																
8	FL	Pensacola																
8	PR	Roosevelt Rds	1	1									Naval Hosp. Roosevelt Rds, P	3	USN			
8	GA	Savannah																
8	FL	St. Petersburg																
8	FL	Tallahassee																
8	FL	Tampa																
8	FL	West Palm Bch																

Part D-Out

			27	28. Where: [ If Whole PE Done Out (Q27c): ]										Information About Facility Identified in Q28:		
RC	State	Facility Name	c. Whole done out	a. MTF	b. NARU	c. VA	d. Other	e. NRFF	f. MEPS	g. Civiln	Cost Each:	Other	Explain	29. Name	30. Distance	31. Svc
9	OH	Akron														
9	TN	Chattanooga														
9	OH	Cincinnati														
9	OH	Cleveland														
9	OH	Columbus														
9	OH	Dayton														
9	IN	Evansville														
9	IN	Gary														
9	IN	Indianapolis														
9	TN	Knoxville														
9	KY	Lexington														
9	KY	Louisville														
9	TN	Memphis	1	1										BMC Millington, TN	25	USN
9	TN	Nashville												Memorial Hospital of S. Bend	1	N/A
9	TN	Southbend	1								1	\$35.00				
9	OH	Toledo														
9	OH	Youngstown														
10	LA	Baton Rouge														
10	AL	Bessemer														
10	MS	Gulfport	1	1										BMC Gulfport, MS	1	USN
10	AL	Huntsville														
10	MS	Jackson														
10	AR	Little Rock														
10	AL	Mobile														
10	LA	New Orleans														
10	OK	Oklahoma City	1	1										Tinker AFB Hospital	2	USAF
10	LA	Shreveport														
10	OK	Tulsa														
10	AL	Tuscaloosa														

Part D-Out



RC		State	Facility Name	27		28. Where: [ If Whole PE Done Out (Q27c): ]										Information About Facility Identified in Q28:		
						a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	29. Name	30. Distance	31. Svc
				c. Whole done out		MTF	NARU	VA	Other	MEPS	Civiln	Cost Each:						
11	NM		Albuquerque	1		1										4005th U.S. Army Hospital	120	USA
11	TX		Amarillo	1		1										Bergstrom AFB (closed)	16	USAF
11	TX		Austin	1		1										Naval Hospital Corpus Christi	1	USN
11	TX		Corpus Christi	1		1										BMC NAS Dallas, TX	1	USN
11	TX		Dallas	1		1												
11	TX		El Paso															
11	TX		Harlingen															
11	TX		Houston															
11	TX		Laredo															
11	TX		Lubbock	1		1										Reese AFB, Lubbock, TX	15	USAF
11	TX		Orange															
11	TX		San Antonio															
11	TX		Tyler															
11	TX		Waco	1		1										BMC NAS Dallas, TX	90	USN
13	MO		Cape Girardeau															
13	IA		Cedar Rapids															
13	IL		Decatur															
13	IA		Des Moines															
13	IA		Dubuque															
13	IL		Forest Park															
13	IL		Great Lakes	1		1										Naval Hospital Great Lakes	3	USN
13	MO		Kansas City															
13	NE		Lincoln	1		1												
13	NE		Omaha	1		1										Health Reach, Cheyenne	5	N/A
13	IL		Peoria													Midwest Minor Medical Ctr	15	N/A
13	IL		Rock Island															
13	IA		Sioux City															
13	MO		Springfield															
13	MO		St. Louis															
13	KS		Topeka															
13	IA		Waterloo															
13	KS		Wichita	1		1										Family Health Ctr Derby	10	N/A

Part D-Out

RC	State	Facility Name	27										Information About Facility Identified in Q28:		
			c. Whole done out	a.	b.	c.	d.	e.	f.	g.	Cost Each:	Other Explain	29. Name	30. Distance	31. Svc
16	MI	Battle Creek													
16	MI	Cadillac													
16	MI	Calumet													
16	WY	Cheyenne													
16	CO	Denver													
16	MI	Detroit													
16	MN	Duluth													
16	ND	Fargo													
16	CO	Fort Carson													
16	MI	Grand Rapids													
16	WI	Green Bay													
16	WI	La Crosse													
16	MI	Lansing													
16	WI	Madison													
16	WI	Milwaukee													
16	WI	Oshkosh													
16	MI	Saginaw													
16	WI	Sheboygan													
16	SD	Sioux Falls													
16	MN	St. Paul													
16	WI	Stevens Point													

Part D-Out

			27	28. Where: [ If Whole PE Done Out (Q27c): ]										Information About Facility Identified in Q28:		
RC	State	Facility Name	c. Whole done out	a. MTF	b. NARU	c. VA	d. Other	e. NRF	f. MEPS	g. Civiln	Cost Each:	g. Other	Explain	29. Name	30. Distance	31. Svc
19	CA	Bakersfield	1								1 see #42			Private MD	1	N/A
19	CA	Encino	1	1										NMC Port Hueneme	55	USN
19	CA	Fresno														
19	HI	Honolulu	1	1										BMC Makalapa, Pearl Hbr, HI	4	USN
19	NV	Las Vegas	1	1										Nellis AFB	10	USAF
19	CA	Long Beach														
19	CA	Mareno Valley	Excused													
19	AZ	Phoenix														
19	CA	Pomona														
19	CA	Port Hueneme	1	1										Branch Clinic, Pt Hueneme	1	USN
19	CA	San Bernardino	Closed													
19	CA	San Diego	1	1										MCRD San Diego, Branch Cl.	12	USN
19	CA	Santa Ana	Closed													
19	AZ	Tucson														

Part D-Out

			27	28. Where: [ If Whole PE Done Out (Q27c): ]										Information About Facility Identified in Q28:		
RC	State	Facility Name	c. Whole done out	a.	b.	c.	d.	e.	f.	g.	Cost Each:	Other Explain	29. Name	30. Distance	31. Svc	
			MTF	NARU	VA	Other	MEPS	Civilian								
22	CA	Alameda	1	1							see #32		Multiple Sources		5 USAF	
22	AK	Anchorage	1								1 see #32		Polly Drive Family Practice		1 N/A	
22	MT	Billings	1								1 See #32		Primary Health Care, Boise		4 N/A	
22	ID	Boise	1													
22	WA	Bremerton	1								1 See #32		Rouge Valley Medical Center		11 N/A	
22	OR	Central Point	1								1 \$189		Private MD		7 N/A	
22	OR	Eugene	1													
22	WA	Everett	1													
22	MT	Great Falls	1								1 See #32		Great Falls Immediate Care		3 N/A	
22	MT	Missoula	1								1 See #32		Missoula Family Med Ctr		1 N/A	
22	WA	NRMTH	Closed													
22	UT	Ogden														
22	ID	Pocatello														
22	OR	Portland	1								1 See #32		Occupational Health Svcs		6 N/A	
22	NV	Reno														
22	WA	Richland														
22	CA	Sacramento														
22	OR	Salem	1								1 See #32		Salem Immediate Care Indust.		7 N/A	
22	UT	Salt Lake City														
22	CA	San Bruno	1	1									Branch Clinic Treasure Is.		18 USN	
22	CA	San Francisco	1	1									Branch Clinic Treasure Is.		1 USN	
22	CA	San Jose	1	1									BMC Moffett Field, CA		11 USN	
22	WA	Seattle														
22	WA	Spokane	1													
22	CA	Stockton	1	1							1 \$150	see#32	Franklin Park, Minor E.R.		5 N/A	
22	WA	Tacoma											BMC Stockton, CA		1 USN	

Part D-Out

RC	State	Facility Name	27 c. Whole done out	28. Where: [ If Whole PE Done Out (Q27c): ]										Information About Facility Identified in Q28:		
				a. MTF	b. NARU	c. VA	d. Other	e. NRFF	f. MEPS	g. Civiln	Cost Each:	g. Other	Explain	29. Name	30. Distance	31. Svc
NAR	DC	Facility Washington														
NAR	OH	NAR Columbus														
NAR	CO	NAR Denver														
NAR	FL	NAR Jacksonville														
NAR	CA	NAR Lemoore														
NAR	TN	NAR Memphis														
NAR	MN	NAR Minneapolis														
NAR	VA	NAR Norfolk														
NAR	KS	NAR Olathe														
NAR	CA	NAR Point Mugu														
NAR	CA	NAR San Diego														
NAR	CA	NAR Santa Clara	1	1										BMC NAS Alameda		
NAR	MI	NAR Selfridge														
NAR	WA	NAR Whidbey Is.														
NAS	GA	NAS Atlanta														
NAS	TX	NAS Dallas														
NAS	IL	NAR Chicago														
NAS	LA	NAS New Orleans														
NAS	MA	NAS S. Weymouth														
NAS	PA	NAS Willow Grove														
			58	40	0	0	0	0	0	0	18					
												1				

Part D-Out



## Naval Reserve Physical Examination Survey

**Part D: Historical Physical Exam Data For Facilities Who Did Part of the PE In-house and Sent Part Out Before Feb 94**

		27		32. Description of exams sent out:							
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments			
1	NY	Albany	NO								
1	ME	Augusta	NO								
1	ME	Bangor	NO								
1	NY	Frankfort	NO								
1	NY	Glens Falls	1	Physician Examination	Other Reserve Facility	USN					
				Pap Smear	Private MD		Member/Private Insurance				
				Mammogram	Private MD		Member/Private Insurance				
				Stool Guaiac	Other Reserve Facility	USN					
				Dental Examination	Other Reserve Facility	USN					
				Dental X-Rays/Panogr.	Other Reserve Facility	USN					
				HIV	MTF	USN					
				G6PD/Sickle Cell	MTF	USN					
				EKG	Other Reserve Facility	USN					
1	NH	Manchester	NO								
1	CT	New Haven	NO								
1	CT	Plainville	NO								
1	ME	Portland	NO								
1	RI	Providence	NO								
1	MA	South Weymouth	NO								
1	NY	Watertown	NO								
1	VT	White River	1	Pap Smear	Supplied by member						
				Mammogram	Supplied by member						
				Dental X-Rays/Panogr.	MTF	USAF					
				HIV	MTF	USN					
				G6PD/Sickle Cell	MTF	USAF					
				Refraction	Supplied by member						
1	MA	Worcester	NO								
4	NY	Amityville	NO								
4	NY	Bronx	NO								

Part D-Mix

27		32. Description of exams sent out:						
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
4	NY	Brooklyn	1	Pap Smear Mammogram Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Audiogram	Private MD Private MD MTF MTF MTF MTF MTF MTF MTF	USN USN USN USN USN USN USN USCG	Member/Private Insurance Member/Private Insurance	
4	NY	Buffalo	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV	Private MD Private MD Civilian Purchase MTF	USN	Member/Private Insurance Member/Private Insurance \$20.00	Film Blood Drawn at Reserve Facility
4	NY	Fort Dix	NO					
4	NY	Horseheads	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Audiogram Visual Acuity Refraction Tonometry CBC	Private MD Private MD Civilian Purchase MTF MTF MTF MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN USN USN USN	Member/Private Insurance Member/Private Insurance \$55.00  \$12.50 *25.00 *included *included \$13.00	



27		32. Description of exams sent out:						
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
4	NJ	Kearny	1	Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram	MTF MTF MTF MTF MTF MTF MTF MTF	USN USN USN USN USN USN USN USN		Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
4	DE	Lewes	1	HIV	MTF	USAF		
4	PA	Philadelphia	Closed					
4	NY	Rochester	NO					
4	NY	Staten Island	Closed					
4	NY	Syracuse	NO					
4	DE	Wilmington	NO					
6	MD	Adelphi	NO					
6	PA	Avoca	NO					
6	MD	Baltimore	NO					
6	WV	Charleston	NO					
6	MD	Cumberland	1	Pap Smear Dentist's Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Refraction Tonometry	Private MD MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF	USN USN USN USN USN USN USN USN USN USN USN	Member/Private Insurance	
6	PA	Ebensburg	NO					

Part D-Mix

		27	32. Description of exams sent out:					
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
6	PA	Erie	1	Pap Smear Mammogram HIV Serology/RPR Lipid Profile G6PD/Sickle Cell	Private MD Private MD MTF MTF MTF MTF	USN USN USN USN	Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
6	PA	Harrisburg	NO					
6	WV	Huntington	NO					
6	PA	Lehigh Valley	NO					
6	WV	Moundsville	1	HIV	MTF	USN		Blood Drawn at Reserve Facility
6	PA	Pittsburg	1	Dental X-Rays/Panogr. HIV	MTF MTF	USN USN		Pano's Only Blood Drawn at Reserve Facility
6	PA	Reading	NO					
6	DC	Washington	NO					
6	PA	Williamsport	NO					
7	NC	Asheville	NO	Physical Examination Dentist's Examination HIV G6PD/Sickle Cell	Civilian Purchase Other Reserve Facility MTF MTF	USN USN USN	\$175.00	T-3 Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
7	SC	Charleston	NO					
7	NC	Charlotte	1	Pap Smear Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF	USN USN USN USN USN USN USN USN USN USA USA	\$25 \$10 \$45 \$15 18.7 5.94 25 33 64 40	

Part D-Mix



27		32. Description of exams sent out:						
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
7	SC	Greenville	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN USN	*\$159.00 *included *included *included *included *included *included *included *included *included *included *included *included *included *included *included	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
7	VA	Norfolk	NO	Physician Examination Pap Smear Stool Guaiac Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry Blood type w/ RH	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		\$42.00 \$16.00 \$6.00 \$30.00 \$18.50 \$9.00 \$25.00 \$72.00 \$33.00 \$52.00 \$15.00 No Charge No Charge \$10.00	
7	NC	Raleigh	NO					
7	VA	Richmond	NO					
7	VA	Roanoke	NO					

Part D-Mix

		27	32. Description of exams sent out:					
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
7	NC	Wilmington	NO					
8	GA	Atlanta	NO					
8	GA	Augusta	NO					
8	GA	Columbus	1	Facility	MTF	USA	Civiln Labor w/ MIPR	Borrowing Facility, Reserve Unit Doing PE w/Civiln Manpwr, REDCOM 8 pays MIPR
8	FL	Jacksonville	1	Dentist Examination Dental X-Rays/Panogr.	MTF MTF MTF	USA USA USA		
				Pap Smear	Naval Air Reserve	USN		
				Dentist Examination	Naval Air Reserve	USN		
				Dental X-Rays/Panogr.	Naval Air Reserve	USN		
				EKG	Naval Air Reserve	USN		
				Chest X-Ray	Naval Air Reserve	USN		
				Refraction	Naval Air Reserve	USN		
				Tonometry	Naval Air Reserve	USN		
8	FL	Miami	NO					
8	FL	Orlando	1	Facility	MTF	USN		Borrowing Facility, Doing PE with Own Manpower
8	FL	Pensacola	NO					
8	PR	Roosevelt Rds	NO					
8	GA	Savannah	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dentist Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Audiogram	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase	USN      USN  USN	*\$125.00 *included *included *included \$3.00 \$7.00/\$15.00  *included *included  *included *included	

Part D-Mix

27		32. Description of exams sent out:						
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
8	FL	St. Petersburg	NO					
8	FL	Tallahassee	NO					
8	FL	Tampa	NO					
8	FL	W. Palm Beach	NO					
9	OH	Akron	NO					
9	TN	Chattanooga	NO					
9	OH	Cincinnati	NO					
9	OH	Cleveland	NO					
9	OH	Columbus	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Refraction Physician Examination HIV G6PD/Sickle Cell ABO/RH	Private MD Private MD Civilian Purchase MTF Private MD Civilian Purchase MTF MTF MTF	USN	Member/Private Insurance Member/Private Insurance \$28.00 Member/Private Insurance \$36.00	Blood Drawn at Reserve Facility
9	OH	Dayton	1	Physician Examination HIV G6PD/Sickle Cell ABO/RH	Civilian Purchase MTF MTF MTF	USN USN USN USN		
9	IN	Evansville	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dentist Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Other Reserve Facility Private MD Private MD Other Reserve Facility Other Reserve Facility Civilian Purchase MTF Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility	USN USN USN USN USN USN USN USN USN USN USN USN USN USN USN USN	Member/Private Insurance Member/Private Insurance \$41.00	

Part D-Mix

			27	32. Description of exams sent out:				
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
9	IN	Gary	NO					
9	IN	Indianapolis	NO					
9	TN	Knoxville	NO					
9	KY	Lexington	1	Dentist Examination HIV	Other Reserve Facility MTF	USN USN		Dental Unit TAD Here Blood Drawn at Reserve Facility
9	KY	Louisville	NO					
9	TN	Memphis	NO					
9	TN	Nashville	NO					
9	TN	Southbend	NO					
9	OH	Toledo	NO					
9	OH	Youngstown	NO					
10	LA	Baton Rouge	NO					
10	AL	Bessemer	NO					
10	MS	Gulfport	NO					
10	AL	Huntsville	1	HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray	MTF MTF MTF MTF MTF	USA USA USA USA USA		
10	MS	Jackson	NO					
10	AR	Little Rock	NO					
10	AL	Mobile	NO					
10	LA	New Orleans	1	Dentist's Examination Dental X-Rays/Panogr.	MTF MTF	USN USN		
10	OK	Oklahoma City	NO					
10	LA	Shreveport	NO					
10	OK	Tulsa	NO					
10	AL	Tuscaloosa	NO					
11	NM	Albuquerque	NO					
11	TX	Amarillo	NO					
11	TX	Austin	NO					
11	TX	Corpus Christi	NO					

Part D-Mix

		27	32. Description of exams sent out:					
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
11	TX	Dallas	NO					
11	TX	El Paso	1	Pap Smear Mammogram Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry CBC	Private MD Private MD MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF	USA USA USA USA USA USA USA USA USA USA USA USA USA USA USA	Member/Private Insurance Member/Private Insurance	
11	TX	Harlingen	1	Dentist's Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Audiogram Refraction Tonometry	MTF MTF MTF MTF MTF MTF MTF MTF MTF	USN USN USN USN USN USN USN USN USN		
11	TX	Houston	1	Pap Smear HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Refraction	Private MD MTF MTF MTF MTF Private MD	USN USN USN USN USN USN	Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
11	TX	Laredo	Closed				Member/Private Insurance	
11	TX	Lubbock	NO					

Part D-Mix



		27	32. Description of exams sent out:							
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments		
11	TX	Orange	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	MTF MTF MTF MTF Civilian Purchase Civilian Purchase MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF	DOD DOD DOD DOD  USN DOD DOD USN DOD DOD DOD DOD DOD DOD	    \$65.00 \$25.00	DOD Facility Port Arthur (now closed)		
11	TX	San Antonio	1	Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell CBC UA	MTF MTF MTF MTF MTF MTF MTF	USA USA USA USA USA USA USA		Ctr Does/Uses Army Equipment Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Sample Taken Here		
11	TX	Tyler	NO							
11	TX	Waco	NO							
13	MO	Cape Girardeau	1	Physician Examination Dental X-Rays/Panogr. HIV G6PD/Sickle Cell	Civilian Purchase Civilian Purchase MTF MTF	USN USN	\$40.00 \$50.00	Exams Done in Center Panograph Only Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility		
13	IA	Cedar Rapids	NO							

Part D-Mix



		27	32. Description of exams sent out:					d. Cost per Exam if 32b is "Civilian"		e. Comments
RC	State	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b					
13	IL		Great Lakes							
13	MO	1	Kansas City	Dental X-Rays/Panogr. HIV	MTF Civilian Purchase	USA		\$5.75		
13	NE		Lincoln							
13	NE		Omaha							
13	IL	1	Peoria	Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG	MTF MTF MTF MTF MTF MTF	USN USN USN USN USN USN			Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	
13	IL	1	Rock Island	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG	Private MD Private MD Civilian Purchase MTF MTF MTF MTF MTF		Member/Private Insurance Member/Private Insurance \$25.00		Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility EKG recorded at Reserve Facility	
13	IA	1	Sioux City	Physician Examination Pap Smear HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Urinalysis	Civilian Purchase Civilian Purchase MTF MTF MTF MTF Civilian Purchase	USN USN USN USN USN		\$50.00 \$18.00	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	
13	MO		Springfield					\$8.00		
13	MO		St. Louis							
13	KS	1	Topeka	Physician Examination HIV Lipid Profile	Civilian Purchase Civilian Purchase Civilian Purchase			*\$38.00 \$16.91 \$19.81		

Part D-Mix



		27	32. Description of exams sent out:					d. Cost per Exam if 32b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b			
16	MI	Battle Creek (Cont.	1	G6PD/Sickle Cell Chest X-Ray Visual Acuity Refraction CBC	MTF MTF MTF MTF MTF	USN USA USA USA USA		Blood Drawn at Reserve Facility	
16	MI	Cadillac	1	Physician Examination Pap Smear Mammogram HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Audiogram	Civilian Purchase Private MD Private MD MTF MTF MTF MTF Civilian Purchase	USN USN USN USN USN	\$44.00 Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Examining Physician Required	
16	MI	Calumet	1	Pap Smear Mammogram Stool Guaiac HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Audiogram Refraction	Private MD Private MD Private MD MTF MTF MTF MTF MTF Private MD	USN USN USN USN USN	Member/Private Insurance Member/Private Insurance Member/Private Insurance		
16	WY	Cheyenne	NO				Member/Private Insurance		
16	CO	Denver	1	Pap Smear Mammogram HIV Lipid Profile G6PD/Sickle Cell Chest X-Ray Refraction Tonometry	Private MD Private MD MTF MTF MTF MTF Private MD Private MD	USN USA USA USA USA	Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility	

Part D-Mix

		32. Description of exams sent out:					27	
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
16	MI	Detroit	1	Pap Smear Mammogram Dental Panographs HIV Serology/RPR Lipid Profile G6PD/Sickle Cell	Private MD Private MD Civilian Purchase MTF MTF MTF MTF		Member/Private Insurance Member/Private Insurance \$35.00	
16	MN	Duluth	1	Stool Guaiac HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG	MTF MTF MTF MTF MTF MTF	USN USN USN USN USN USN		Testing only done by MTF Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Done at Center Read by MTF
16	ND	Fargo	NO					
16	CO	Fort Carson	1	Physician Examination	Civilian Purchase		\$20	Dr. David
16	MI	Grand Rapids	NO					
16	WI	Green Bay	1	Physician Examination Dental Panographs HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Audiogram	Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF MTF Civilian Purchase	USN USN USN	\$55.00 \$51.00 \$31.00   \$10.00	Accession PE Accession PE Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
16	MI	Lansing	NO					
16	WI	La Crosse	NO					
16	WI	Madison	NO					

Part D-Mix

		27	32. Description of exams sent out:					
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
16	WI	Milwaukee	1	Pap Smear Mammogram Stool Guaiac Dental X-Rays/Panogr. Chest X-Ray Audiogram Refraction Tonometry	Private MD Private MD Private MD Civilian Purchase MTF MTF Private MD Private MD		Member/Private Insurance Member/Private Insurance Member/Private Insurance \$8.00/\$12.00  Member/Private Insurance Member/Private Insurance	
16	WI	Oshkosh	Closed					
16	MI	Saginaw	1	Dental Panoraphs HIV Serology/RPR G6PD/Sickle Cell	Civilian Purchase MTF MTF MTF	USN USN USN	\$40	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
16	WI	Sheboygan	Closed					
16	SD	Sioux Falls	NO					
16	WI	Stevens Point	1	Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram	Civilian Purchase Civilian Purchase MTF MTF MTF MTF MTF	USN USN USN USN USN	\$88.00 \$10.00	
16	MN	St. Paul	NO					

Part D-Mix

		27	32. Description of exams sent out:					
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility In 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
19	CA	Bakersfield	NO	Physician Examination Pap Smear Mammogram Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry Blood Typing Urinalysis CBC/ Hematocrit	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		*\$50.00 \$25.00 *included \$72.00 *included \$50.00 \$12.00 \$10.00 \$52.50 \$35.00 \$35.00 \$25.00 *included *included \$15.00 \$8.00 \$10.00	
19	CA	Encino	NO					
19	CA	Fresno	NO					
19	HI	Honolulu	NO					
19	NV	Las Vegas	NO					
19	CA	Long Beach	NO					
19	CA	Mareno Valley	Excused					
19	AZ	Phoenix	NO					
19	CA	Pomona	Closed					
19	CA	Port Hueneme	NO					
19	CA	San Bernardino	Closed					
19	CA	San Diego	NO					
19	CA	Santa Ana	Closed					



		27	32. Description of exams sent out:					
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
19	AZ	Tucson	1	Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry	MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF	USAF USAF USAF USAF USAF USAF USAF USAF USAF USAF USAF		
22	CA	Alameda	1	Pap Smear Mammogram Dental Examination HIV Audiogram	Private MD Private MD MTF MTF MTF	USN USN USN	Member/Private Insurance Member/Private Insurance	Was Paying \$350.00 for Full PE in Past
22	AK	Anchorage	NO	Physician Examination Pap Smear Mammogram Stool Guaiac Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	MTF/Other Rsv Facilit Private MD Private MD MTF/Other Rsv Facilit MTF/Other Rsv Facilit MTF/Other Rsv Facilit MTF MTF MTF MTF MTF/Other Rsv Facilit MTF MTF MTF MTF MTF MTF MTF MTF	USAF/AirNG USAF/AirNG USAF/AirNG USAF/AirNG USAF/AirNG USAF USAF USAF USAF USAF/AirNG USAF USAF USAF USAF USAF USAF USAF USAF	Member/Private Insurance Member/Private Insurance	Can Use Either Depending on Patient Schedule  or Private Dentist Results Used

## Part D-Mix

		27	32. Description of exams sent out:						
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments	
22	MT	Billings	NO	Physician Examination	Civilian Purchase		\$157.65 \$248.40	Male Female	
22	ID	Boise	NO	Physician Examination Pap Smear Mammogram Stool Guaiac Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Other Reserve Facility Other Reserve Facility Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Other Reserve Facility Other Reserve Facility	USN USN	\$49.00 \$9.00 \$69.00 \$21.00  \$15.00 \$11.00 \$17.00 Never Used \$45.00 \$67.00 \$8.00 No charge		
22	WA	Bremerton	1	Dentist's Examination Dental X-Rays/Panogr. EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	MTF MTF MTF MTF MTF MTF MTF MTF	Air NG Air NG USN USN USN USN USN USN USN			

Part D-Mix

		27	32. Description of exams sent out:					e. Comments	
RC	State	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"			
22	OR	Central Point	NO	Physician Examination Pap Smear Mammogram Stool Guaiac Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Other Reserve Facility Civilian Purchase MTF Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Private MD Civilian Purchase	USN USN USN	*\$57.00 \$54.80 \$93.90 *included \$47.00 \$23.20 \$16.00 \$60.15 Never Used *included *included Member/Private Insurance *included	Sending Whole PE Out for These Costs  REDCOM Sends Mobile Unit	
22	OR	Eugene	NO	Physician Examination Pap Smear HIV Serology/RPR Lipid Profile EKG Audiogram Visual Acuity CBC	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		*\$80.00 \$25.00 \$19.00 \$15.00 \$15.00 \$50.00 \$20.00 *included \$15.00	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	
22	WA	Everett	1						Blood Drawn at Reserve Facility

Part D-Mix

		27		32. Description of exams sent out:						
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments		
22	MT	Great Falls	NO	Physician Examination Pap Smear Stool Guaiac HIV Serology/RPR Lipid Profile GGPD/Sickle Cell EKG Audiogram Tonometry Physician Examination	Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN	\$48.25 \$55.00 \$7.84  \$8.95 \$38.48 \$67.20 \$61.00 \$13.50 \$20.00	Blood Drawn at Reserve Facility		
22	MT	Missoula	NO				\$232.60 \$261.60	for Patient <40 Years Old for Patient <40 Years Old		
22	WA	NRM/TF	Closed							
22	UT	Ogden	1	Dental X-Rays/Panogr. HIV	MTF MTF	USAF USN				
22	ID	Pocatello	1	Physician Examination Pap Smear Mammogram Stool Guaiac HIV Serology/RPR Lipid Profile GGPD/Sickle Cell EKG	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF MTF MTF Civilian Purchase	USN USN USN USN USN USN USN USN	\$55.00 \$35.00 \$40.00 \$10.00    \$44.00			

		27		32. Description of exams sent out:						
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments		
22	OR	Portland	NO	Physician Examination Pap Smear Mammogram Stool Guaiac Dental Examination Dental Panographs HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Other Reserve Facility Civilian Purchase MTF Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Private MD Civilian Purchase	USN USN USN	*\$131.50 \$33.75 \$75.00 *included *included \$50.00 \$1.00 *included *included *included *included \$32.00 *included *included Member/Private Insurance *included			
22	NV	Reno	NO							
22	WA	Richland	1	Physician Examination Pap Smear Stool Guaiac HIV Serology/RPR Lipid Profile EKG Audiogram Visual Acuity Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Private MD	USN	*\$70.00 \$12.00 \$8.00  \$15.00 \$15.00 \$56.00 \$10.00 *included Member/Private Insurance	Blood Drawn at Reserve Facility		
22	CA	Sacramento	NO							

Part D-Mix

		27	32. Description of exams sent out:					
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
22	OR	Salem	NO	Physician Examination Pap Smear Stool Guaiac Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry CBC	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		*\$74.00 \$15 *included \$5.00 \$36.25 \$9.20 \$22.25 \$22.70 \$48.00 \$34.00 \$34.00 \$36.00 \$21 \$27.50	Duplicates Only Blood Drawn at Reserve Facility
22	UT	Salt Lake City	1	Pap Smear Dental X-Rays/Panogr. HIV G6PD/Sickle Cell	Private MD Civilian Purchase MTF MTF	USN USN	Member/Private Insurance	
22	CA	San Bruno	NO					
22	CA	San Francisco	NO					
22	CA	San Jose	NO					
22	WA	Seattle	NO					
22	WA	Spokane	NO	Physician Examination Pap Smear Stool Guaiac HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF MTF MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USAF USAF USAF USAF	*\$150.00 *included *included  *included *included *included *included	All PE Done Out at Multiple Sources

Part D-Mix

		27	32. Description of exams sent out:					d. Cost per Exam if 32b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b			
22	CA	Stockton	NO						
22	WA	Tacoma	1	Physician Examination Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray	Civilian Purchase MTF MTF MTF MTF MTF MTF MTF MTF	USA USA USN USN USN USN USN USN	\$35	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	
NAF	DC	Facility Washingto	NO						
NA	OH	NAR Columbus	1	Pap Smear Mammogram Dentist's Examination Dental X-Rays/Panogr. HIV	Private MD Private MD MTF MTF MTF	multiple multiple USN	Member/Private Insurance Member/Private Insurance	on A. T. on A. T. Blood Drawn at Reserve Facility	
NA	CO	NAR Denver	1	Pap Smear Mammogram HIV Lipid Profile G6PD/Sickle Cell Chest X-Ray Refraction	Private MD Private MD MTF MTF MTF MTF Private MD	USN USA USA USA	Member/Private Insurance Member/Private Insurance		
NA	FL	NAR Jacksonville	1	Facility	MTF	USN	Member/Private Insurance Variable Rate	Borrowing Facility, Doing PE w/ Own Manpower, Charged a Share of Utilities Based on Hrs of Usage, Providing Own Supplies	

Part D-Mix

27		32. Description of exams sent out:						
RC	State	Facility Name	b. Part In/ Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility in 32b	d. Cost per Exam if 32b is "Civilian"	e. Comments
NA	CA	NAR Lemoore	1	Facilities Pap Smear HIV Serology/RPR Lipid Profile G6PD/Sickle Cell	MTF Private MD MTF MTF MTF MTF	USN USN USN USN USN	Member/Private Insurance	Borrow NavHosp Lemoore Annx Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
NA	TN	NAR Memphis	1	Pap Smear Mammogram	Private MD Private MD		Member/Private Insurance Member/Private Insurance	
NA	MN	NAR Minneapolis	NO					
NA	VA	NAR Norfolk	NO					
NA	KS	NAR Olathe	1	Physician Examination Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Audiogram Refraction Tonometry	MTF Private MD Private MD on A.T. MTF MTF MTF MTF Never Used MTF MTF MTF	USA USA USA USA USA USA USA USA USA USA USA USA	Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
NA	CA	NAR Point Mugu	NO					
NA	CA	NAR San Diego	NO					
NA	CA	NAR Santa Clara	NO					
NA	MI	NAR Selfridge	NO					
NA	WA	NAR Whidbey Is.	NO					
NAS	GA	NAS Atlanta	NO					
NAS	TX	NAS Dallas	NO					
NAS	IL	NAR Chicago	NO					
NAS	LA	NAS New Orleans	NO					
NAS	MA	NAS S. Weymouth	NO					
NAS	PA	NAS Willow Grove	NO					
Total			67					

Part D-Mix



# Naval Reserve Physical Examination Survey

## Part E: Current Physical Exam Data

**For More Information:**  
 If 37a is checked go to Part F  
 If 37b is checked go to Part E-Mix  
 If 37c is checked go to Part E-Out

			33	34	35	36	37. How Periodic PE's Done Now:			
RC	State	Facility Name	PE's Now Done Different than in Q27:	Used FNA Waivers	Change from Q27 Due to FNA Waiver Elimination	Date Changed From Q27	a. In- house	b. Part In/ Part Out	c. Whole done out	Different from Q27-32
1	NY	Albany	YES	YES	YES	Oct-94		1		
1	ME	Augusta	YES	YES	YES	Oct-93			1	
1	ME	Bangor	NO	NO	NO				1	
1	NY	Frankfort	YES	NO	NO	Jan-95			1	
1	NY	Glens Falls	NO	YES	YES	Aug-93		1		1
1	NH	Manchester	YES	YES	NO	Feb-94			1	
1	CT	New Haven	NO	YES	NO				1	
1	CT	Plainville	YES	YES	YES	Oct-94			1	
1	ME	Portland	NO	YES	NO				1	
1	RI	Providence	YES	YES	NO	Feb-94			1	
1	MA	South Weymouth	NO	NO	NO				1	
1	NY	Watertown	NO	NO	NO				1	
1	VT	White River	NO	YES	NO			1		1
1	MA	Worcester	NO	NO	NO				1	1
4	NY	Amityville	NO	YES	YES	Feb-94		1		
4	NY	Bronx	YES	YES	YES	Jan-95		1		
4	NY	Brooklyn	NO	YES	YES	Jan-95		1		1
4	NY	Buffalo	NO	YES	YES	Oct-94		1		1
4	NY	Fort Dix	YES	YES	YES	Oct-94			1	
4	NY	Horseheads	NO	YES	YES	Dec-94		1		1
4	NJ	Kearny	NO	YES	NO			1		
4	DE	Lewes	YES	YES	YES	Jul-94			1	
4	PA	Philadelphia	Closed							
4	NY	Rochester	YES	YES	YES	Oct-94			1	
4	NY	Staten Island	Closed							
4	NY	Syracuse	YES	YES	YES	Mar-95		1		
4	DE	Wilmington	YES	YES	YES	Oct-94				1

Part E-How

RC	State	Facility Name	33 PE's Now Done Different than in Q27:	34 Used FNA Waivers	35 Change from Q27 Due to FNA Waiver Elimination	36 Date Changed From Q27	37. How Periodic PE's Done Now:			Different from Q27-32
							a. In- house	b. Part In/ Part Out	c. Whole done out	
6	MD	Adelphi	NO	NO	NO				1	
6	PA	Avoca	YES	YES	YES	Oct-94			1	
6	MD	Baltimore	NO	NO	NO				1	
6	WV	Charleston	YES	YES	YES	Oct-94		1		
6	MD	Cumberland	YES	YES	YES	Oct-94			1	
6	PA	Ebensburg	YES	YES	YES	Oct-94		1		
6	PA	Erie	YES	YES	YES	Oct-94		1		
6	PA	Harrisburg	NO	NO	NO				1	
6	WV	Huntington	YES	YES	YES	Oct-94		1		
6	PA	Lehigh Valley	YES	YES	YES	Oct-94			1	
6	WV	Moundsville	NO	YES	YES	Oct-94		1		1
6	PA	Pittsburg	NO	YES	YES	Oct-94		1		1
6	PA	Reading	NO	NO	NO					
6	DC	Washington	NO	NO	NO				1	
6	PA	Williamsport	YES	YES	YES	Oct-94			1	
7	NC	Asheville	NO	NO	NO				1	1
7	SC	Charleston	YES	YES	NO	Sep-95		1		
7	NC	Charlotte	NO	NO	NO			1		
7	SC	Columbia	NO	NO	NO	Jun-95				1
7	NC	Greensboro	YES	YES	YES	Aug-94		1		
7	SC	Greenville	NO	YES	NO			1		
7	VA	Norfolk	NO	YES	NO				1	
7	NC	Raleigh	NO	YES	YES	Jan-93			1	1
7	VA	Richmond	NO	YES	YES	Dec-94			1	1
7	VA	Roanoke	YES	YES	YES	Oct-94		1		
7	NC	Wilmington	NO	NO	NO				1	

Part E-How

			33	34	35	36	37. How Periodic PE's Done Now:			
RC	State	Facility Name	PE's Now Done Different than in Q27:	Used FNA Waivers	Change from Q27 Due to FNA Waiver Elimination	Date Changed From Q27	a. In- house	b. Part In/ Part Out	c. Whole done out	Different from Q27-32
8	GA	Atlanta	NO	NO	NO				1	
8	GA	Augusta	YES	YES	YES	Aug-95			1	
8	GA	Columbus	NO	NO	NO			1		
8	FL	Jacksonville	YES	YES	YES	Oct-94			1	
8	FL	Miami	YES	YES	YES	Sep-94		1		
8	FL	Orlando	NO	YES	NO	May-95		1		1
8	FL	Pensacola	NO	NO	NO		1			
8	PR	Roosevelt Rds	NO	NO	NO				1	
8	GA	Savannah	YES	NO	NO	Unknown			1	
8	FL	St. Petersburg	YES	YES	YES	Oct-94		1		
8	FL	Tallahassee	YES	YES	YES	Oct-94			1	
8	FL	Tampa	YES	YES	YES	Sep-94		1		
8	FL	West Palm Bch	YES	YES	YES	Aug-94		1		
9	OH	Akron	YES	YES	YES	Oct-94	1			
9	TN	Chattanooga	NO	YES	NO				1	
9	OH	Cincinnati	YES	YES	YES	Mar-94			1	
9	OH	Cleveland	YES	YES	YES	Sep-94				
9	OH	Columbus	NO	YES	YES	Oct-95		1		1
9	OH	Dayton	NO	YES	YES	Mar-95		1		1
9	IN	Evansville	YES	YES	YES	Jun-94			1	
9	IN	Gary	NO	YES	NO		1			
9	IN	Indianapolis	YES	YES	YES	Oct-94		1		
9	TN	Knoxville	YES	YES	YES	Nov-94			1	
9	KY	Lexington	NO	YES	YES	Oct-94		1		1
9	KY	Louisville	YES	YES	YES	Jun-94			1	
9	TN	Memphis	NO	NO	NO				1	
9	TN	Nashville	YES	YES	YES	May-94		1		
9	TN	Southbend	YES	YES	YES	Dec-94				
9	OH	Toledo	YES	YES	YES	Jun-95		1		1 in Dec 95
9	OH	Youngstown	YES	YES	YES	Oct-94		1		

Part E-How

			33	34	35	36	37. How Periodic PE's Done Now:			
RC	State	Facility Name	PE's Now Done Different than in Q27:	Used FNA Waivers	Change from Q27 Due to FNA Waiver Elimination	Date Changed From Q27	a. In- house	b. Part In/ Part Out	c. Whole done out	Different from Q27-32
10	LA	Baton Rouge	YES	YES	YES	Aug-94		1		
10	AL	Bessemer	YES	YES	YES	Nov-94			1	
10	MS	Gulfport	NO	NO	NO				1	
10	AL	Huntsville	YES	YES	YES	Oct-94		1		
10	MS	Jackson	YES	YES	YES	Apr-94			1	
10	AR	Little Rock	YES	YES	YES	Jan-95		1		
10	AL	Mobile	NO	YES	NO		1			
10	LA	New Orleans	YES	YES	YES	Sep-94			1	
10	OK	Oklahoma City	NO	NO	NO				1	
10	LA	Shreveport	YES	YES	YES	Apr-94		1		
10	OK	Tulsa	YES	YES	YES	Mar-94		1		
10	AL	Tuscaloosa	YES	YES	YES	Mar-94			1	
11	NM	Albuquerque	YES	YES	YES	Aug-94			1	1
11	TX	Amarillo	NO	YES	YES	Jan-94			1	
11	TX	Austin	YES	YES	NO	Mar-95		1		
11	TX	Corpus Christi	NO	NO	NO				1	
11	TX	Dallas	NO	NO	NO				1	
11	TX	El Paso	NO	YES	NO			1		1
11	TX	Harlingen	NO	YES	YES	May-95		1		1
11	TX	Houston	NO	YES	NO			1		
11	TX	Laredo	Closed							
11	TX	Lubbock	YES	YES	NO	Jun-95		1		
11	TX	Orange	NO	YES	YES	Oct-94		1		1
11	TX	San Antonio	NO	YES	NO			1		
11	TX	Tyler	YES	YES	YES	Oct-94			1	
11	TX	Waco	NO	NO	NO				1	1

Part E-How

RC	State	Facility Name	33 PE's Now Done Different than in Q27:	34 Used FNA Waivers	35 Change from Q27 Due to FNA Waiver Elimination	36 Date Changed From Q27	37. How Periodic PE's Done Now:			
							a. In- house	b. Part In/ Part Out	c. Whole done out	Different from Q27-32
13	MO	Cape Girardeau	NO	YES	NO			1		
13	IA	Cedar Rapids	YES	YES	YES	Oct-94		1		
13	IL	Decatur	YES	YES	YES	Oct-94			1	
13	IA	Des Moines	YES	YES	YES	Oct-94			1	
13	IA	Dubuque	YES	YES	YES	Oct-94		1		
13	IL	Forest Park	NO	YES	NO			1		
13	IL	Great Lakes	NO	YES	YES	Aug-94			1	1
13	MO	Kansas City	YES	YES	YES	Oct-94		1		1
13	NE	Lincoln	NO	YES	NO		1			
13	NE	Omaha	YES	YES	YES	Aug-94			1	1
13	IL	Peoria	YES	YES	YES	Oct-94			1	1
13	IL	Rock Island	NO	YES	YES	Feb-94		1		1
13	IA	Sioux City	NO	YES	NO			1		
13	MO	Springfield	YES	YES	YES	Oct-94			1	
13	MO	St. Louis	NO	YES	NO				1	
13	KS	Topeka	YES	YES	YES			1		
13	IA	Waterloo	YES	YES	YES	Jul-94			1	
13	KS	Wichita	YES	YES	YES	Jan-95		1		

Part E-How

RC	State	Facility Name	33 PE's Now Done Different than in Q27:	34 Used FNA Waivers	35 Change from Q27 Due to FNA Waiver Elimination	36 Date Changed From Q27	37. How Periodic PE's Done Now:			
							a. In- house	b. Part In/ Part Out	c. Whole done out	Different from Q27-32
16	MI	Battle Creek	NO	YES	NO			1		
16	MI	Cadillac	NO	YES	NO			1		
16	MI	Calumet	NO	YES	YES	Unknown		1		1
16	WY	Cheyenne	NO	YES	YES	Oct-94				
16	CO	Denver	YES	YES	YES	Feb-95		1		1
16	MI	Detroit	YES	YES	YES	Oct-94		1		
16	MN	Duluth	YES	YES	YES	Feb-94		1		
16	ND	Fargo	YES	YES	NO			1		
16	CO	Fort Carson	YES	YES	YES	Sep-94		1		
16	MI	Grand Rapids	YES	YES	YES	Oct-94		1		
16	WI	Green Bay	NO	YES	NO			1		
16	WI	La Crosse	NO	YES	YES	Oct-94	1			1
16	MI	Lansing	NO	YES	NO		1			
16	WI	Madison	YES	YES	YES				1	
16	WI	Milwaukee	NO	YES	NO	Jan-95		1		
16	WI	Oshkosh	Closed	YES	NO					
16	MI	Saginaw	NO	YES	NO			1		1
16	WI	Sheboygan	Closed							
16	SD	Sioux Falls	YES	YES	YES			1		
16	MN	St. Paul	NO	NO	NO	Nov-94	1			
16	WI	Stevens Point	NO	YES	NO			1		

Part E-How

RC	State	Facility Name	33	34	35	36	37. How Periodic PE's Done Now:			
			PE's Now Done Different than in Q27:	Used FNA Waivers	Change from Q27 Due to FNA Waiver Elimination	Date Changed From Q27	a. In- house	b. Part In/ Part Out	c. Whole done out	Different from Q27-32
19	CA	Bakersfield	NO	NO	NO				1	
19	CA	Encino	NO	YES	NO				1	
19	CA	Fresno	YES	YES	YES	Jan-95			1	
19	HI	Honolulu	NO	NO	NO				1	
19	NV	Las Vegas	YES	YES	YES	Jan-94		1		
19	CA	Long Beach	YES	YES	YES	Oct-94		1		
19	CA	Mareno Valley	Excused							
19	AZ	Phoenix	YES	YES	YES	Jul-95			1	
19	CA	Pomona	Closed							
19	CA	Port Hueneme	NO	NO	NO				1	
19	CA	San Bernardino	Closed							
19	CA	San Diego	NO	NO	NO				1	
19	CA	Santa Ana	Closed							
19	AZ	Tucson	NO	NO	NO			1		

Part E-How

RC	State	Facility Name	33 PE's Now Done Different than in Q27:	34 Used FNA Waivers	35 Change from Q27 Due to FNA Waiver Elimination	36 Date Changed From Q27	37. How Periodic PE's Done Now:			Different from Q27-32
							a. In- house	b. Part In/ Part Out	c. Whole done out	
22	CA	Alameda	YES	YES	YES	Apr-94			1	1
22	AK	Anchorage	NO	NO	NO				1	1
22	MT	Billings	NO	YES	NO				1	1
22	ID	Boise	NO	NO	NO				1	1
22	WA	Bremerton	NO	YES	YES	Sep-94		1		1
22	OR	Central Point	NO	NO	NO				1	1
22	OR	Eugene	NO	NO	NO				1	1
22	WA	Everett	NO	YES	NO	Jul-95		1		1
22	MT	Great Falls	NO	YES	YES	Jul-93			1	1
22	MT	Missoula	NO	NO	NO	Apr-93			1	1
22	WA	NRM/TF	Closed							
22	UT	Ogden	YES	YES	YES	Apr-95			1	1
22	ID	Pocatello	NO	YES	NO			1		
22	OR	Portland	NO	YES	NO				1	1
22	NV	Reno	YES	YES	YES	Oct-94			1	1
22	WA	Richland	NO	NO	NO			1		1
22	CA	Sacramento	YES	NO	NO	Oct-94			1	1
22	OR	Salem	NO	YES	NO				1	1
22	UT	Salt Lake City	NO	YES	YES	Oct-95		1		1
22	CA	San Bruno	NO	NO	NO				1	1
22	CA	San Francisco	NO	NO	NO				1	1
22	CA	San Jose	NO	YES	NO	Mar-94			1	1
22	WA	Seattle	NO	YES	NO			1		
22	WA	Spokane	YES	NO	NO	Oct-95		1		
22	CA	Stockton	NO	NO	NO				1	1
22	WA	Tacoma	NO	YES	NO			1		



RC	State	Facility Name	33 PE's Now Done Different than in Q27:	34 Used FNA Waivers	35 Change from Q27 Due to FNA Waiver Elimination	36 Date Changed From Q27	37. How Periodic PE's Done Now:			Different from Q27-32
							a. In- house	b. Part In/ Part Out	c. Whole done out	
NAF	DC	Facility Washington	NO	NO	NO		1			1
NAR	OH	NAR Columbus	NO	YES	YES	Jan-94		1		
NAR	CO	NAR Denver	NO	YES	YES	Feb-95		1		
NAR	FL	NAR Jacksonville	NO	NO	NO			1		
NAR	CA	NAR Lemoore	NO	NO	NO			1		
NAR	TN	NAR Memphis	NO	NO	NO			1		
NAR	MN	NAR Minneapolis	NO	NO	NO		1			
NAR	VA	NAR Norfolk	NO	NO	NO		1			
NAR	KS	NAR Olathe	NO	NO	NO			1		
NAR	CA	NAR Point Mugu	NO	NO	NO		1			
NAR	CA	NAR San Diego	NO	NO	NO		1			
NAR	CA	NAR Santa Clara	YES	NO	NO	Jul-94		1		
NAR	MI	NAR Selfridge	NO	NO	NO		1			
NAR	WA	NAR Whidbey Is.	NO	NO	NO		1			
NAS	GA	NAS Atlanta	NO	NO	NO		1			
NAS	TX	NAS Dallas	NO	NO	NO		1			
NAS	IL	NAR Chicago	YES	YES	NO	Apr-95			1	
NAS	LA	NAS New Orleans	NO	NO	NO		1			
NAS	MA	NAS S. Weymouth	NO	NO	NO		1			
NAS	PA	NAS Willow Grove	NO	NO	NO		1			
"YES" Responses:			85	139	98		20	88	90	198
"NO" Responses			113	59	100		10.10%	44.44%	45.45%	100.00%
			198	198	198					

Part E-How



## Naval Reserve Physical Examination Survey

### Part E: Current Physical Exam Data For Facilities Who Do Whole PE Out

Note: Users of this page will skip question 43

		38. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:		
RC	State	Facility Name	37 c. Whole done out	a. MTF	b. NARU	c. VA	d. Other	e. MEPS	f. Civiln	g. Cost Each:	g. Other	39. Name	40. Distance	41. Service
1	NY	Albany	1	1								BMC, NAS Brunswick, ME	40	USN
1	ME	Augusta	1	1								BMC Bangor, ME		
1	ME	Bangor	1	1								NAS South Weymouth, MA	269	USN
1	NY	Frankfort	1											
1	NY	Glens Falls	1	1								NMC, Portsmouth, NH	55	USN
1	NH	Manchester	1	1								Naval Hospital Groton, CT	52	USN
1	CT	New Haven	1	1								Naval Hospital, Groton, CT	58	USN
1	CT	Plainville	1	1								BMC Portland, ME	28	USN
1	ME	Portland	1	1								Naval Hospital, Newport, RI	32	USN
1	RI	Providence	1	1								NAS South Weymouth, MA	2	USN
1	MA	South Weymouth	1	1								Troop Clinic, Ft Drum	12	USA
1	NY	Watertown	1	1										
1	VT	White River	1	1										
1	MA	Worcester	1				1					Westover Air Reserve Base, MA	60	USAF
4	NY	Amityville												
4	NY	Bronx												
4	NY	Brooklyn												
4	NY	Buffalo												
4	NY	Fort Dix	1	1								BMC NAWC Lakehurst, NJ	25	USN
4	NY	Horseheads												
4	NJ	Kearny												
4	DE	Lewes	1	1										
4	PA	Philadelphia	Closed									USCG Processing Station, Cape Ma	50	USCG
4	NY	Rochester	1				1					N&MRC Buffalo, NY	70	USN
4	NY	Staten Island	Closed											
4	NY	Syracuse												
4	DE	Wilmington	1				1					Delaware Air National Guard	6	ANG

Part E-Out

RC	State	Facility Name	37. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:		
			c. Whole done out	a. MTF	b. NARU	c. VA	d. NRRF	e. MEPS	f. Civiln	g. Cost Each:	g. Other	g. Explain	39. Name	40. Distance	41. Service
6	MD	Adelphi	1	1									Naval National Medical Center	9	USN
6	PA	Avoca	1	1									BMC NAS Willow Grove, PA	110	USN
6	MD	Baltimore	1	1									Naval National Medical Center	52	USN
6	WV	Charleston													
6	MD	Cumberland	1	1									National Naval Medical Center	135	USN
6	PA	Ebensburg													
6	PA	Erie													
6	PA	Harrisburg	1	1									AMC Carlisle Barracks, PA	22	USA
6	WV	Huntington													
6	PA	Lehigh Valley	1	1									NAS Willow Grove, PA	41	USN
6	WV	Moundsville													
6	PA	Pittsburg	1	1									NAS Willow Grove	65	USN
6	PA	Reading	1	1									Naval National Medical Center	32	USN
6	DC	Washington	1	1									Carlise Army Medical Clinic	89	USA
6	PA	Williamsport	1	1											
7	NC	Asheville	1	1						see#42			St. Joseph's Urgent Care West	5	N/A
7	SC	Charleston													
7	NC	Charlotte	1						1	see#42			Doctor's Care	4	N/A
7	SC	Columbia													
7	NC	Greensboro													
7	SC	Greenville													
7	VA	Norfolk	1	1									ADM Joel Boone Clinic	2	USN
7	NC	Raleigh	1						1	see#42			Doctor's Urgent Care	6	N/A
7	VA	Richmond	1			1							Hunter-Holmes McQuire	6	N/A
7	VA	Roanoke													
7	NC	Wilmington	1	1									Naval Hospital Camp Lejeune	62	USN

		38. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:		
RC	State	Facility Name	c. Whole done out	a. MTF	b. NARU	c. VA	d. NRF	e. MEPS	f. Civilian	g. Cost Each:	Other Explain	39. Name	40. Distance	41. Service
8	GA	Atlanta	1	1					1	see#42		BMC NAS Atlanta, GA	16	USN
8	GA	Augusta	1									University Hosp Med Ctr	5	N/A
8	GA	Columbus			1							Naval Air Reserve Unit Jax	2	USN
8	FL	Jacksonville	1											
8	FL	Miami												
8	FL	Orlando												
8	FL	Pensacola												
8	PR	Roosevelt Rds	1	1								Naval Hospital Roosevelt Rds, PR	3	USN
8	GA	Savannah	1						1	\$125		Immediate Medical Clinic	4	N/A
8	FL	St. Petersburg							1	\$160		Mahan Medical Walk-in Clinic	6	N/A
8	FL	Tallahassee	1											
8	FL	Tampa												
8	FL	West Palm Bch												
9	OH	Akron												
9	TN	Chattanooga	1							see#42		Primary Care of Cincinnati	1	N/A
9	OH	Cincinnati	1	1					1			BMC Great Lakes, Cleveland	1	USN
9	OH	Cleveland												
9	OH	Columbus												
9	OH	Dayton												
9	IN	Evansville	1				1					NRC Indianapolis (uses VA site)	151	USN
9	IN	Gary												
9	IN	Indianapolis												
9	TN	Knoxville	1						1	see#42		St. Mary's Medical Occ Tx Clinic	10	N/A
9	KY	Lexington												
9	KY	Louisville	1	1								Ireland Community Hosp., Ft. Knox	28	USA
9	TN	Memphis	1	1								BMC Millington, TN	25	USN
9	TN	Nashville												
9	TN	Southbend	1	1								NMC Great Lakes	130	USN
9	OH	Toledo												
9	OH	Youngstown												

Part E-Out

RC	State	Facility Name	37 38. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:		
			c. Whole done out	a. MTF	b. NARU	c. VA	d. NRF	e. Other	f. MEPS	g. Civiln	Cost Each:	g. Other	39. Name	40. Distance	41. Service
10	LA	Baton Rouge	1										10th USAR Hosp., Birmingham, AL	20	USAR
10	AL	Bessemer	1	1									BMC Gulfport, MS	1	USN
10	MS	Gulfport													
10	AL	Huntsville													
10	MS	Jackson	1	1									BMC, NAS Meridian	122	USN
10	AR	Little Rock													
10	AL	Mobile													
10	LA	New Orleans	1										USA Reserve Center, New Orleans	1	USA
10	OK	Oklahoma City	1	1									Tinker AFB Hospital	2	USAF
10	LA	Shreveport													
10	OK	Tulsa													
10	AL	Tuscaloosa	1	1									BMC Meridan, MS	114	USN
11	NM	Albuquerque	1	1									Kirtland AFB	5	USAF
11	TX	Amarillo	1										4005th USAR Hosp. co-located w/ NAVRESCEN Lubbock, TX	125	USAR
11	TX	Austin													
11	TX	Corpus Christi	1	1									Naval Hospital Corpus Christi	1	USN
11	TX	Dallas	1	1									BMC NAS Dallas, TX	1	USN
11	TX	El Paso													
11	TX	Harlingen													
11	TX	Houston													
11	TX	Laredo													
11	TX	Lubbock													
11	TX	Orange													
11	TX	San Antonio													
11	TX	Tyler	1	1									Naval Air Station Dallas, TX	90	USN
11	TX	Waco	1	1									BMC NAS Dallas, TX	90	USN

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			38. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:		
RC	State	Facility Name	c. Whole done out	a. MTF	b. NARU	c. VA	d. NRF Other	e. MEPS	f. Civiln	Cost Each:	g. Other	Explain	39. Name	40. Distance	41. Service
13	MO	Cape Girardeau													
13	IA	Cedar Rapids	1	1									BMC Great Lakes, IL	200	USN
13	IL	Decatur	1				1						Reserve Readiness Ctr, St. Louis	120	USN
13	IA	Des Moines													
13	IA	Dubuque													
13	IL	Forest Park	1	1									BMC Great Lakes, IL	3	USN
13	IL	Great Lakes													
13	MO	Kansas City													
13	NE	Lincoln													
13	NE	Omaha	1	1									USAF Hospital, Offutt AFB, NE	15	USAF
13	IL	Peoria	1	1									Naval Hospital, Great Lakes, IL	195	USN
13	IL	Rock Island													
13	IA	Sioux City													
13	MO	Springfield	1	1									Ft. Leonard, USA Hospital	90	USA
13	MO	St. Louis	1					1					MEPs, St Louis	12	DOD
13	KS	Topeka													
13	IA	Waterloo	1				1						Ft. Dodge Troop Med., Des Moines	120	ANG
13	KS	Wichita													

Part E-Out

		37. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:		
RC	State	Facility Name	c. Whole done out	a. MTF	b. NARU	c. VA	d. Other	e. MEPS	f. Civiln	Cost Each:	g. Other	39. Name	40. Distance	41. Service
16	MI	Battle Creek												
16	MI	Cadillac												
16	MI	Calumet												
16	WY	Cheyenne	1	1								Warren AFB	5	USAF
16	CO	Denver												
16	MI	Detroit												
16	MN	Duluth												
16	ND	Fargo												
16	CO	Fort Carson												
16	MI	Grand Rapids												
16	WI	Green Bay												
16	WI	La Crosse												
16	MI	Lansing												
16	WI	Madison												
16	WI	Milwaukee	1				1			see#42		Wisconsin Army National Guard	0	ANG
16	WI	Oshkosh												
16	MI	Saginaw	Closed											
16	WI	Sheboygan												
16	SD	Sioux Falls	Closed											
16	MN	St. Paul												
16	WI	Stevens Point												

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RC State Facility Name			37	38. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:					
				c. Whole done out	a. MTF	b. NARU	c. VA	d. NRF Other	e. MEPS	f. Civiln	g. Cost Each: see #42	g. Other Explain	39. Name	40. Distance	41. Service				
19	CA	Bakersfield	1																
19	CA	Encino	1	1															
19	CA	Fresno	1	1															
19	HI	Honolulu	1	1															
19	NV	Las Vegas																	
19	CA	Long Beach																	
19	CA	Mareno Valley	Excused																
19	AZ	Phoenix	1	1															
19	CA	Pomona	Closed																
19	CA	Port Hueneme	1	1															
19	CA	San Bernardino	Closed																
19	CA	San Diego	1	1															
19	CA	Santa Ana	Closed																
19	AZ	Tucson																	

Part E-Out

RC	State	Facility Name	38. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:		
			37	c. Whole done out	a. MTF	b. NARU	c. VA	d. NRF	e. MEPS	f. Civiln	g. Cost Each:	g. Other Explain	39. Name	40. Distance	41. Service
22	CA	Alameda	1	1	1						see #32		Branch Medical Clinic, Alameda	2	USN
22	AK	Anchorage	1	1	1						see #32		Multiple Sources	5	USAF
22	MT	Billings	1	1						1	see #32		Polly Drive Family Practice	1	N/A
22	ID	Boise	1	1						1	See #32		Primary Health Care, Boise	4	N/A
22	WA	Bremerton													
22	OR	Central Point	1	1						1	See #32		Rouge Valley Medical Center	11	N/A
22	OR	Eugene	1	1						1	\$189		Private MD	7	N/A
22	WA	Everett													
22	MT	Great Falls	1	1						1	See #42		Great Falls Immediate Care	3	N/A
22	MT	Missoula	1	1						1	See #32		Missoula Family Med Ctr	1	N/A
22	WA	NRMTH	Closed												
22	UT	Ogden	1	1							See #42		Hill AFB Hospital, UT	20	USAF
22	ID	Pocatello													
22	OR	Portland	1	1						1	See #32		Occupational Health Svcs	6	N/A
22	NV	Reno	1	1									BMC NAS Fallon, NV	80	USN
22	WA	Richland													
22	CA	Sacramento	1	1									BMC Concord, CA	70	USN
22	OR	Salem	1	1						1	See #42		Cascade Medical Center	7	N/A
22	UT	Salt Lake City													
22	CA	San Bruno	1	1									Branch Clinic Treasure Is.	18	USN
22	CA	San Francisco	1	1									Branch Clinic Treasure Is.	1	USN
22	CA	San Jose	1	1									USAF 750th Medical SQN, Moffett	11	USAF
22	WA	Seattle													
22	WA	Spokane													
22	CA	Stockton	1	1									BMC Stockton, CA	1	USN
22	WA	Tacoma													

37		38. Where: [ If Whole PE Done Out (Q37c): ]										Information About Facility Identified in Q38:		
RC	State	Facility Name	a.	b.	c.	d.	e.	f.	g.	h.	i.	39. Name	40. Distance	41. Service
			MTF	NARU	VA	Other	MEPS	Civiln	Cost	Other	Explain			
NAF	DC	Facility Washington												
NA	OH	NAR Columbus												
NA	CO	NAR Denver												
NA	FL	NAR Jacksonville												
NA	CA	NAR Lenoore												
NA	TN	NAR Memphis												
NA	MN	NAR Minneapolis												
NA	VA	NAR Norfolk												
NA	KS	NAR Olathe												
NA	CA	NAR Point Mugu												
NA	CA	NAR San Diego												
NA	CA	NAR Santa Clara												
NA	MI	NAR Selfridge												
NA	WA	NAR Whidbey Is.												
NAS	GA	NAS Atlanta												
NAS	TX	NAS Dallas												
NAS	IL	NAR Chicago	1									BMC Great Lakes, IL	2	USN
NAS	LA	NAS New Orleans												
NAS	MA	NAS S. Weymouth												
NAS	PA	NAS Willow Grove												

Part E-Out



**Part D: November 1995 Physical Exam Data For Facilities Who Do Part of the PE In-house and Sent Part Out**

## Part E-Mix

		37	42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)			
1	VT	White River	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Tonometry	MTF MTF MTF MTF	USN USN USN USN	Member/Private Insurance Member/Private Insurance	Still Part in/ Part out Use VA Machine/Our Film Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	
1	MA	Worcester	NO				Member/Private Insurance		
4	NY	Amityville	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Refraction	Private MD Private MD Other Reserve Facility Other Reserve Facility Civilian Purchase	USN USN		Source Gone Now Used in FY95	
4	NY	Bronx	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Refraction	Private MD Veteran's Administr. Veteran's Administr. MTF MTF MTF MTF Private MD	USN USN USN USN	Member/Private Insurance \$75.00 \$50.61 Member/Private Insurance	Pano. Only Do Own Bitewings Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	

Part E-Mix



37		42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)		
4	NJ	Kearny	1	Pap Smear Mammogram Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram	Private MD/Still FNA Private MD MTF MTF MTF MTF MTF MTF MTF MTF	USN USN USN USN USN USN USN USN USN USN		Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
4	DE	Lewes	NO	Dental Examination Dental X-Rays/Panogr.	Other Reserve Facility Other Reserve Facility	USN USN		Rest Done at USCG Cape May
4	PA	Philadelphia	Closed					
4	NY	Rochester	NO					
4	NY	Staten Island	Closed					
4	NY	Syracuse	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram Refraction Tonometry	Private MD/Still FNA Private MD/Still FNA Other Reserve Facility Other Reserve Facility MTF MTF MTF MTF Other Reserve Facility Other Reserve Facility Private MD/Still FNA Other Reserve Facility	USN USN Air Ntnl Gd USN USN USN USN Air Ntnl Gd Air Ntnl Gd Air Ntnl Gd Air Ntnl Gd	4 Exams Still FNA 3 Exams Still FNA Borrow Dental Officer Consumable Supplies Replaced	
4	DE	Wilimington	NO					Consumable Supplies Replaced 10 Exams Still FNA Consumable Supplies Replaced
6	MD	Adelphi	NO					
6	PA	Avoca	NO					
6	MD	Baltimore	NO					

Part E-Mix





		37	42. Description of exams sent out:					
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
6	PA	Erie	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dental Examination HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram Refraction	Other Reserve Facility Private MD Private MD Other Reserve Facility Other Reserve Facility MTF MTF MTF MTF Other Reserve Facility Other Reserve Facility Veteran's Administr.	USA     USN USN USN USN USA USA USN	Member/Private Insurance	**Army Unit Being Used is Being Disestablished in a Few Months Currently Unfunded for PE's  Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility  A VA Doctor Who is SELRES Does
6	PA	Harrisburg	NO					
6	WV	Huntington	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Audiogram Refraction Tonometry	Private MD Private MD Other Reserve Facility Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Still FNA Other Reserve Facility Still FNA Still FNA	USA      USA	Member/Private Insurance Member/Private Insurance  \$84.00 \$16.25 \$25.25 \$61.50	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Inadequate Funding
6	PA	Lehigh Valley	NO					

Part E-Mix

		37	42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)			
6	WV	Moundsville	1	Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility MTF Civilian Purchase Civilian Purchase Civilian Purchase Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility	USN USN USN USN USN USN USN USN USN USN USN USN USN USN USN	\$2.00 \$8.50 \$13.75		
6	PA	Pittsburgh		Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Refraction Tonometry CBC UA & RM	Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN USN	\$40.00 \$112.56 \$30.00 \$2.00 \$8.50 \$13.75 \$94.64 *\$35.00 *included \$2.00 \$2.00	Pano Only/Civilian Dentist Blood Drawn at Reserve Facility	
6	PA	Reading	NO						
6	DC	Washington	NO						
6	PA	Williamsport	NO						
7	NC	Asheville	NO	Physician Examination Dental Examination Dental X-Rays/Panogr.	Civilian Purchase Civilian Purchase Civilian Purchase		\$160.00 \$44 \$40		

Part E-Mix

RC	State	Facility Name	37 b. Part In /Part Out	42. Description of exams sent out:				d. Cost per Exam if 31b is "Civilian"	e. Comments
				a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)			
7	SC	Charleston	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Refraction	Private MD Private MD MTF MTF MTF MTF MTF MTF MTF MTF	USN USN USN USN USN USN USN USN	Member/Private Insurance Member/Private Insurance		
7	NC	Charlotte	1	Pap Smear Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF		\$25 \$10 \$45 \$15 18.7 5.94 25 33 64 40	USA USA	

37		42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)		
7	SC	Columbia	NO	Physician Examination Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction	Civilian Purchase Private MD Private MD Civilian Purchase MTF MTF MTF Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USA USA USN    USN	\$55.00 Member/Private Insurance Member/Private Insurance \$5.00 \$15.00  \$10.00 \$5.00 \$45.00 \$60.00 \$10.00 \$5.00 \$5.00	Contract Dentist Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
7	NC	Greensboro	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Audiogram Refraction Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN	\$20.00 \$68.00 \$20.00  \$15.50 \$30.00 \$15.00 \$65.00 \$20.00 *\$7.00 *included	

Part E-Mix

37		42. Description of exams sent out:						
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
7	SC	Greenville	1	Physician Examination Pap Smear Mammogram Stool Guic Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN USN	*\$159.00 *included *included *included *included *included *included *included *included *included *included *included *included *included *included	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
7	VA	Norfolk	NO					
7	NC	Raleigh	NO	Physician Examination Pap Smear Stool Guic Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry Blood Type w/ RH	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		\$42.00 \$16.00 \$6.00 \$30.00 \$18.50 \$9.00 \$25.00 \$72.00 \$45.00 \$52.00 \$28.00 No Charge No Charge \$10.00	
7	VA	Richmond	NO					

Part E-Mix

37		42. Description of exams sent out:						
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
7	VA	Roanoke	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile EKG Chest X-Ray Audiogram Refraction Tonometry Urine (micro) CBC w/ Diff PSA Blood Test	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		\$37.00 \$55.00 \$35.00 \$10/\$20 \$11.00 \$5.00 \$48.00 \$32.00 \$90.00 \$22.00 \$25.00 \$34.00 \$16.00 \$12.00 \$34.00	Recruiting Only
7	NC	Wilmington	NO					
8	GA	Atlanta	NO					
8	GA	Augusta	NO	Physician Examination Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile EKG Chest X-Ray Audiogram Tonometry Urine (micro)	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Other Reserve Facility MTF Civilian Purchase Civilian Purchase Civilian Purchase Private MD Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN	\$35 Male/\$45 Female \$20.00 \$90.00 \$8.00  \$5.00 \$32.00 \$47.00 \$50.00 \$15.00 \$13.00 \$10.00	Whole PE Done Out at >1 Source  REDCOM sends Dental Van 2 Times Yearly
8	GA	Columbus	NO					
8	FL	Jacksonville	NO					

Part E-Mix

		37	42. Description of exams sent out:					c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From					
8	FL	Miami	1	Physician Examination Pap Smear Mammogram Dental X-Rays/Panogr. Refraction Tonometry	Veteran's Adminst. Veteran's Adminst. Veteran's Adminst. Veteran's Adminst. Veteran's Adminst.		*\$126.40 *included *included \$16.20/\$80.00 *included Included	Contract to Change as of Nov95: Will Then Borrow USCG Facility Use Own Manpower to Perform and Send out Blood Work to Civilian Labs.		
8	FL	Orlando	1	Facility Pap Smear Mammogram HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray	MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF	USN	\$30 \$60 \$15 \$2.84 \$4.86 \$7.24/\$2.68 \$7.24/\$2.68	Reserve Unit Does PEs at MTF  Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility		
8	FL	Pensacola	NO							
8	PR	Roosevelt Rds	NO							
8	GA	Savannah	NO							
8	FL	St. Petersburg	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry	MTF Private MD/Civilian P. Private MD/Civilian P. MTF MTF MTF MTF MTF Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF MTF MTF MTF	USCG  USCG USCG USCG USCG  USCG USCG USCG USCG USCG	\$15.00 \$30.00      \$17.00 \$3.61 \$12.59			
8	FL	Tallahassee	NO							

Part E-Mix



		37	42. Description of exams sent out:				d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)		
8	FL	Tampa	1	Physician Examination Pap Smear Mammogram Stool Guaiac HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Tonometry Hematocrit FBS	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		\$50.00 \$10.00 \$42.00 \$2.00 \$15.00 \$4.00 \$5.00 \$15/\$8.50 \$15.00 \$42.00 \$22.00 \$22.00 \$3.00 \$5.00	Occ Hlth Dept. Tampa Genrl Hosp.  Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility  Includes Visual Acuity When Done for BANG PE for BANG PE
8	FL	W. Palm Beach	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Lipid Profile Serology/RPR G6PD/Sickle Cell Chest X-Ray Refraction	Private MD Private MD Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN	Member/Private Insurance Member/Private Insurance \$45.00  *\$72.00 *included *included \$60.00 \$25-50.00	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Rarely Indicated Blood Drawn at Reserve Facility
9	OH	Akron	1	Facility	MTF	USN		Fleet Hosp. Does PE at USN Clinic
9	TN	Chattanooga	NO					

Part E-Mix

		37	42. Description of exams sent out:					
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
9	OH	Cincinnati		Physician Examination Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		*\$100.00 *included \$125.00 *included \$25.00 *included \$11.00 \$3.00 \$7.00 *included \$31.00 \$25.00 *included *included *included *included	
9	OH	Cleveland	NO					
9	OH	Columbus	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Refraction	Private MD Private MD Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Private MD		Member/Private Insurance Member/Private Insurance \$50.00 \$28.00  \$20.75 \$25.25 \$81.40 Member/Private Insurance	T-2 Exam w/Bitewing  Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility



37		42. Description of exams sent out:						
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
9	KY	Lexington	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray	Private MD Private MD Civilian Purchase MTF MTF MTF MTF Civilian Purchase	USN USN USN USN	Member/Private Insurance Member/Private Insurance \$24/\$50    \$55	Includes Duplicate Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
9	KY	Louisville	NO					
9	TN	Memphis	NO					
9	TN	Nashville	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram	Private MD Private MD Private MD Civilian Purchase MTF MTF Civilian Purchase MTF Civilian Purchase Civilian Purchase	USN USN USN	Member/Private Insurance Member/Private Insurance Member/Private Insurance \$20.00 \$35.00 \$65.00 \$20.00	
9	TN	Southbend	NO					
9	OH	Toledo	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Refraction Tonometry	Private MD Private MD NAR NAR NAR NAR NAR NAR NAR NAR NAR NAR	USN USN USN USN USN USN USN USN USN USN USN	2 Exams Still FNA	

Part E-Mix



RC	State	42. Description of exams sent out:					e. Comments
		b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	
10	AL	1	Pap Smear Mammogram Lipid Profile G6PD/Sickle Cell Exam Facilities	Private MD Private MD MTF MTF MTF	USA USA USA	Member/Private Insurance Member/Private Insurance	Reserve Unit Does PE Off-site at USA Facility Must Bring and Pay for Own Supplies
10	MS	NO					
10	AR	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV EKG Chest X-Ray Audiogram Refraction Tonometry	Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility Other Reserve Facility	USA USA USA USA USA USA USA USA USA USA USA		
10	AL	NO					
10	LA	NO					
10	OK	NO					

Part E-Mix

37		42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)		
10	LA	Shreveport	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Refraction Tonometry	MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF	USAF USAF USAF USAF USN USAF USAF USAF USAF USAF USAF		
10	OK	Tulsa	1	Pap Smear Mammogram Facility Serology/RPR Lipid Profile	Private MD Private MD Other Reserve Facility Civilian Purchase Civilian Purchase	ANG	Member/Private Insurance Member/Private Insurance	Reserve Unit Does PE at ANG Site Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
10	AL	Tuscaloosa	NO					
11	NM	Albuquerque	NO					
11	TX	Amarillo	NO					
11	TX	Austin	1	Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray	Civilian Purchase Civilian Purchase MTF MTF MTF MTF Never Used	USN USN USN USN	\$25.00 \$45.00	
11	TX	Corpus Christi	NO					
11	TX	Dallas	NO					

Part E-Mix

		37	42. Description of exams sent out:						d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)				
11	TX	El Paso	1	Pap Smear	Private MD	USA	Member/Private Insurance			
				Mammogram	Private MD		Member/Private Insurance			
				Dentist's Examination	MTF					
				Dental X-Rays/Panogr.	MTF					
				HIV	MTF					
				Serology/RPR	MTF					
				Lipid Profile	MTF					
				G6PD/Sickle Cell	MTF					
				EKG	MTF					
				Chest X-Ray	MTF					
				Audiogram	MTF					
				Visual Acuity	MTF					
				Refraction	MTF					
				Tonometry	MTF					
11	TX	Harlingen	1	Physician Examination	Civilian Purchase	USN	Member/Private Insurance			
				Pap Smear	Private MD		Member/Private Insurance			
				Mammogram	Private MD					
				Stool Guaiac	MTF					
				Dental Examination	Civilian Purchase					
				Dental X-Rays/Panogr.	Civilian Purchase					
				HIV	Civilian Purchase					
				Serology/RPR	Civilian Purchase					
				Lipid Profile	Civilian Purchase					
				G6PD/Sickle Cell	Civilian Purchase					
				Chest X-Ray	Civilian Purchase					
				Audiogram	Civilian Purchase					
				Refraction	MTF					
				Tonometry	MTF					
							USN			
		USN								

Part E-Mix



		37	42. Description of exams sent out:					c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From					
11	TX	Houston	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Chest X-Ray Refraction Tonometry	Private MD/Still FNA Private MD In-House When Can In-House When Can Never Used Private MD Private MD/In-House		Member/Private Insurance Member/Private Insurance Member/Private Insurance	T-3 Always Available, T-2 is When Have Money for X-Rays  New Equipment/Was FNA		
11	TX	Laredo	Closed							
11	TX	Lubbock	1	Pap Smear Chest X-Ray Mammogram	Private MD Never Used/MTF Private MD	USAF	Member/Private Insurance			
11	TX	Orange	1	Physician Examination  HIV Pap Smear Mammogram	Civilian Purchase  MTF Private MD Private MD	USN	Member/Private Insurance Member/Private Insurance	Have Done Only 15 PE's in FY95 & Have Used Many Methods to Do These. No Established Procedure Presently Exists. Seeking MOU with Ft. Polk		
11	TX	San Antonio	1	Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell CBC UA	MTF MTF MTF MTF MTF MTF MTF	USA USA USA USA USA USA USA		Blood Drawn at Reserve Facility Center Does/Uses USA Equipment Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Sample Taken Here		
11	TX	Tyler	NO							
11	TX	Waco	NO							
13	MO	Cape Girardeau	1	Physician Examination Dental X-Rays/Panogr. HIV G6PD/Sickle Cell	Civilian Purchase Civilian Purchase MTF MTF	USN USN	\$40.00 \$50.00	Exams Done in Center Panograph Only Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility		

Part E-Mix

		37	42. Description of exams sent out:					
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
13	IA	Cedar Rapids	1	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. EKG Chest X-Ray Audiogram	Private MD Private MD A.T. Site A.T. Site A.T. Site A.T. Site A.T. Site		Member/Private Insurance Member/Private Insurance	
13	IL	Decatur	NO					
13	IA	Des Moines	NO					
13	IA	Dubuque	1	Physician Examination Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Refraction Tonometry	Other Reserve Facility Private MD Private MD Civilian Purchase MTF MTF MTF MTF MTF Private MD Civilian Purchase Civilian Purchase Civilian Purchase	USN    USN USN USN USN USN    USN	Member/Private Insurance Member/Private Insurance \$18.00       Member/Private Insurance \$27.50 \$10.00 \$30.50	at Cedar Rpd's & Rock Is. RESCENS  Pay Film /SELRES DC Does Free Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Done at Center/Read at Great Lakes
13	IL	Forest Park	1	Pap Smear Mammogram HIV Serology/RPR Lipid Profile G6PD/Sickle Cell	Private MD Private MD MTF MTF MTF MTF	USN   USN USN USN USN	Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
13	IL	Great Lakes	NO					Blood Drawn at Reserve Facility

		37	42. Description of exams sent out:						d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)				
13	MO	Kansas City	1	Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell	Still FNA Still FNA MTF MTF MTF MTF	USN & USA USA USA USA		W/b Avail OCT 95 W/b Avail OCT 95 Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility		
13	NE	Lincoln	NO							
13	NE	Omaha	NO							
13	IL	Peoria	NO							
13	IL	Rock Island	1	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Refraction Tonometry	Private MD Private MD Civilian Purchase MTF MTF MTF MTF MTF MTF MTF MTF	USN USA USA USN USN USA USA USA	Member/Private Insurance Member/Private Insurance \$37.00	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility EKG Recorded at Reserve Facility		
13	IA	Sioux City	1	Physician Examination Pap Smear HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Urinalysis	Civilian Purchase Civilian Purchase MTF MTF MTF MTF Never Used Civilian Purchase	USN USN USN USN USN	\$50.00 \$18.00     \$8.00	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility		
13	MO	Springfield	NO							
13	MO	St. Louis	NO							
13	KS	Topeka	1	Physician Examination	Civilian Purchase		\$38.00			
13	IA	Waterloo	NO							

Part E-Mix

		37	42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)				
13	KS	Wichita	1	Pap Smear Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Tonometry CBC	Private MD Still FNA Still FNA MTF MTF MTF MTF MTF MTF MTF MTF MTF	USN USAF USAF USAF USAF USAF USAF USAF USAF USAF USAF	Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Only Needed One	
16	MI	Battle Creek	1	Pap Smear Mammogram Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Visual Acuity Refraction CBC	Private MD Private MD Private MD Private MD MTF MTF MTF MTF MTF MTF MTF MTF	USN USN USN USN USA USA USA USA	Member/Private Insurance Member/Private Insurance Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	
16	MI	Cadillac	1	Physician Examination Pap Smear Mammogram HIV Serology/RPR Lipid Profile G6PD/Sickle Cell	Civilian Purchase Private MD Private MD MTF MTF MTF MTF	USN USN USN USN	\$44.00 Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	

Part E-Mix

37		42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)		
16	MI	Calumet	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram Refraction	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF MTF MTF MTF Civilian Purchase Civilian Purchase	USN USN USN USN USN	*\$110.00 *included *included *included *included	Blood Drawn at Reserve Facility
16	WY	Cheyenne	NO				\$12.00 \$26.00	Reading Only
16	CO	Denver	1	Facility Pap Smear Mammogram HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Refraction	Other Reserve Facility Private MD Private MD MTF MTF MTF MTF MTF Private MD	ANG USN USA USA USA USA	\$30.00 Member/Private Insurance Member/Private Insurance	Reserve Does at ANG Clinic for \$30 per PE for Supplies/Facilities
16	MI	Detroit	1	Pap Smear Mammogram HIV Lipid Profile Serology/RPR G6PD/Sickle Cell	Private MD Private MD MTF MTF MTF MTF	USN USN USN USN USN	Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility

Part E-Mix

		37	42. Description of exams sent out:					
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
16	MN	Duluth	1	Physician Examination Pap Smear Mammogram Stool Guaiac Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram Refraction Tonometry Urine (micro)	Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Veteran's Amintistration Other Reserve Facility Other Reserve Facility	USN USN USN USN USN	\$40.00 \$17.00 \$75.00 \$50.00  \$58.00 \$25.00 \$45.00 \$30.00 \$17.00	Testing Only Done by MTF  Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
16	ND	Fargo	1	Dental X-Rays/Panogr.	Veteran's Amintistration		\$20.00	
16	CO	Fort Carson	1	Dental X-Rays/Panogr.	Other Reserve Facility	USN		
16	MI	Grand Rapids	1	Dental X-Rays/Panogr.	Other Reserve Facility	USN		Paid \$200.00 For Film Last Year
				Pap Smear	Private MD		Member/Private Insurance	
				Mammogram	Private MD		Member/Private Insurance	
				Dental X-Rays/Panogr.	Civilian Purchase		\$10.00	T-12 Exam
				Dental X-Rays/Panogr.	Civilian Purchase		\$68.00	Pano w/Copy & BW
				HIV	MTF	USA		Blood Drawn at Reserve Facility
				Serology/RPR	MTF	USA		Blood Drawn at Reserve Facility
				Lipid Profile	MTF	USA		Blood Drawn at Reserve Facility
				G6PD/Sickle Cell	MTF	USA		Blood Drawn at Reserve Facility
16	WI	Green Bay	1	Physician Examination Dental Panographs HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Audiogram	Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF MTF Civilian Purchase		\$55.00 \$51.00 \$31.00	Accession PE Accession PE Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
16	MI	Lansing	NO				\$10.00	

Part E-Mix

			37	42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)				
16	WI	La Crosse	NO	Physician Examination	Civilian Purchase					Just Changed to Using ANG Most Periodics Done at Civ Last Yr Only HMO Non-affiliated MD Charges \$500 to Open Door Then These Itemized Costs
16	WI	Madison	NO	Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Refraction Tonometry	Private MD Private MD Civilian Purchase Other Reserve Facility Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN USN		*\$75.00  Member/Private Insurance Member/Private Insurance *included in \$75  \$55.00  *\$90.00 *included in \$90 *included in \$90 \$42.00 \$60.00 \$25.00 *included in \$75 *included in \$75 *included in \$75	Test Sent to NH Great Lakes              Only Needed One	
16	WI	Milwaukee	1	Pap Smear Mammogram Stool Guaiac Dental X-Rays/Panogr. Chest X-Ray Audiogram Refraction Tonometry	Private MD Private MD Private MD Civilian Purchase MTF MTF Private MD Private MD			Member/Private Insurance Member/Private Insurance Member/Private Insurance \$8.00/\$12.00  USN USN		
16	WI	Oshkosh	Closed							

Part E-Mix

		37	42. Description of exams sent out:					
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
16	MI	Saginaw	1	Physician Examination Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile Audiogram	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF Civilian Purchase Civilian Purchase	USN USN	*\$60.00 *included \$45.00 \$40.00  \$15.00 \$15.00	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
16	WI	Sheboygan	Closed					
16	SD	Sioux Falls	1	Pap Smear Mammogram Dental X-Rays/Panogr. Audiogram Tonometry	Civilian Purchase Civilian Purchase Other Reserve Facility Other Reserve Facility Other Reserve Facility	S.D. A.N.Guard S.D. A.N.Guard S.D. A.N.Guard	\$51.00 \$59.00	
16	WI	Stevens Point	1	Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram	Civilian Purchase Civilian Purchase MTF MTF MTF MTF MTF	USN USN USN USN USN	\$88.00 \$10.00	
16	MN	St. Paul	NO					





37		42. Description of exams sent out:						
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
19	AZ	Phoenix	NO					
19	CA	Pomona	Closed					
19	CA	Port Hueneme	NO					
19	CA	San Bernardino	Closed					
19	CA	San Diego	NO					
19	CA	Santa Ana	Closed					
19	AZ	Tucson	1	Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry	MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF MTF	USAF USAF USAF USAF USAF USAF USAF USAF USAF USAF USAF		
22	CA	Alameda	NO	Facilities Pap Smear Mammogram Stool Guaiac HIV Serology/RPR Lipid Profile	MTF Veteran's Administr. Veteran's Administr. MTF MTF MTF MTF	USN   USN USN USN USN	\$50.00 \$70.00	Testing Only Sample Taken Here Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility
22	AK	Anchorage	NO					
22	MT	Billings	NO					
22	ID	Boise	NO					
22	WA	Bremerton	1	EKG Chest X-Ray Visual Acuity Tonometry	MTF MTF MTF MTF	USN USN USN USN		
22	OR	Central Point	NO					
22	OR	Eugene	NO					

Part E-Mix

		37	42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)			
22	WA	Everett	1	Facility Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Refraction	MTF Private MD Private MD MTF MTF MTF MTF MTF Private MD	USN   USN USN USN USN USN	Member/Private Insurance Member/Private Insurance	Borrowing BMC Everett  Performed Semi-annually Performed Semi-annually	
22	MT	Great Falls	NO	Physician Examination Pap Smear Mammogram Stool Guaiac HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase	USN	\$48.25 \$55.00 \$20.00 \$7.84  \$8.95 \$45.00 \$65.20 \$62.20 \$15.00 \$20.00	Blood Drawn at Reserve Facility	
22	MT	Missoula	NO						
22	WA	NRMTF	Closed						

Part E-Mix

37		42. Description of exams sent out:							b. Part In /Part Out	42. Description of exams sent out:			d. Cost per Exam if 31b is "Civilian"	e. Comments
RC	State	Facility Name	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)									
22	UT	Ogden	Pap Smear Stool Guaiac Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Audiogram Visual Acuity Refraction	MTF MTF MTF MTF Civilian Purchase MTF MTF MTF MTF MTF Private MD	USAF USAF USAF USAF USAF USAF USAF USAF USAF USAF	Unknown	New VIOMED Contract(National)	Whole PE Done Out at >1 Source						
22	ID	Pocatello	Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Refraction Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase MTF MTF MTF MTF Civilian Purchase Civilian Purchase Civilian Purchase	USN USN USN USN	Member/Private Insurance \$35.00 \$40.00 \$35.00 Never Used/Unknown Never Used/Unknown Never Used/Unknown								
22	OR	Portland												
22	NV	Reno												

37		42. Description of exams sent out:						
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments
22	WA	Richland	1	Physician Examination Pap Smear Stool Guaiac HIV Serology/RPR Lipid Profile EKG Audiogram Visual Acuity Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase MTF Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Private MD	USN	*\$70.00 \$12.00 \$8.00  \$15.00 \$15.00 \$56.00 \$10.00 *included Member/Private Insurance	*Only a Couple of These Now Have a SelfRes MD  Blood Drawn at Reserve Facility
22	CA	Sacramento	NO					
22	OR	Salem	NO	Physician Examination Pap Smear Stool Guaiac Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Visual Acuity Tonometry	Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase Civilian Purchase		*\$74.00 \$15.00 *included \$5.00 \$36.55 \$9.20 \$22.25 \$22.70 \$48.00 \$34.00 \$34.00 \$34.00 \$21	Sent to SKBL Labs  Blood Drawn at Reserve Facility Then Sent to SKBL Labs " "
22	UT	Salt Lake City	1	Facility Dental X-Rays/Panogr. HIV	MTF Civilian Purchase MTF	USAF USN	\$27.50 \$20.00	Reserve Unit Doing at USAF MTF Rest of Exam Done at Hill AFB
22	CA	San Bruno	NO					
22	CA	San Francisco	NO					
22	CA	San Jose	NO					
22	WA	Seattle	1	Mammogram	Private MD/Still FNA			6 Exams Still FNA

37		42. Description of exams sent out:					d. Cost per Exam if 31b is "Civilian"			e. Comments	
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)					
22	WA	Spokane	1	Facility	Veteran's Administr.					Reserve Unit Doing PE at VA, Bring Own Supplies/ in Exchange VA Uses Gym Facilities	
22	CA	Stockton	NO								
22	WA	Tacoma	1	Physician Examination Dentist's Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray	Civilian Purchase MTF MTF MTF MTF MTF MTF MTF MTF	USA USA USN USN USN USN USN USN	\$35			Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	
NAF	DC	Facility Washington	NO								
NAR	OH	NAR Columbus	1	Facility Pap Smear Mammogram HIV Lipid profile	MTF Private MD Private MD MTF MTF	ANG  USN ANG	Member/Private Insurance Member/Private Insurance			Reserve Unit Doing at Air Nml Gd Clinic. The Guard Unit Will be Disestablished Soon	
NAR	CO	NAR Denver	1	Facility Pap Smear Mammogram	MTF Private MD Private MD	ANG	Member/Private Insurance Member/Private Insurance				
NAR	FL	NAR Jacksonville	1	Facility	MTF	USN	Variable Rate			Borrowing Facility, Doing PE with Own Manpower, Charged Share of Utilities Based on Hrs of Usage Providing Own Supplies	
NAR	CA	NAR Lemoore	1	Facilities Pap Smear HIV Serology/RPR Lipid Profile G6PD/Sickle Cell	MTF Private MD MTF MTF MTF MTF	USN USN USN USN USN	Member/Private Insurance			Borrow NAVHOSP Lemoore Annex Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility	

		37	42. Description of exams sent out:							
RC	State	Facility Name	b. Part In /Part Out	a. Exam Name	b. Type of Facility Obtained From	c. Service of Facility (42b)	d. Cost per Exam if 31b is "Civilian"	e. Comments		
NAR	TN	NAR Memphis	1	Pap Smear Mammogram	Private MD Private MD		Member/Private Insurance Member/Private Insurance			
NAR	MN	NAR Minneapolis	NO							
NAR	VA	NAR Norfolk	NO							
NAR	KS	NAR Olathe	1	Physician Examination Pap Smear Mammogram Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Audiogram Refraction	MTF Private MD Private MD on A. T. MTF MTF MTF MTF Never Used MTF MTF	USA    USA USA USA USA  USA USA	Member/Private Insurance Member/Private Insurance	Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility Blood Drawn at Reserve Facility		
NAR	CA	NAR Point Mugu	NO							
NAR	CA	NAR San Diego	NO							
NAR	CA	NAR Santa Clara	1	Facility HIV	MTF MTF	USAF USN		NAR Provides Own PE Supplies		
NAR	MI	NAR Selfridge	NO							
NAR	WA	NAR Whidbey Is.	NO							
NAS	GA	NAS Atlanta								
NAS	TX	NAS Dallas	NO							
NAS	IL	NAR Chicago	NO							
NAS	LA	NAS New Orleans	NO							
NAS	MA	NAS S. Weymouth	NO							
NAS	PA	NAS Willow Grove	NO							

Part E-Mix





## Naval Reserve Physical Examination Survey

### Part F: FNA Waiver/ Medical Assessment Information

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPO	f. # Old CD	g. # Old TNPO	Researcher's Comments
1	NY	Albany	Pap Smear		0	0	0	0	0	<55 (exams done)
			Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	
			Serology/RPR		2	0	0	0	0	
			Lipid Profile		0	0	0	0	0	
			EKG		2	0	0	0	0	
			Chest X-Ray	Never Used						
			Audiogram		0	0	0	0	0	
			Visual Acuity		0	0	0	0	0	
			Refraction		0	0	0	0	0	<55 (exams done prn)
			Tonometry		0	0	0	0	0	
1	ME	Augusta	Pap Smear		Still FNA	0	0	0	0	Private MD Results Used
			Dental Examination		0	0	0	0	0	
			Serology/RPR		0	0	0	0	0	<30 (done if not in rcd)
			Lipid Profile		0	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	
			EKG		0	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	
			Tonometry		0	0	0	0	0	<30 (exams done prn)
1	ME	Bangor	Never Used							
1	NY	Frankfort	Never Used							

Part F-Q43



43. Description Exams Previously/Now FNA:										
RC Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments	
1	CT Plainville (Cont.)	EKG		0	0	0	0	0		
		Chest X-Ray		0	0	0	0	0		
		Audiogram		0	0	0	0	0		
		Refraction		0	0	0	0	0		
		Tonometry		0	0	0	0	0		
1	ME Portland	Pap Smear		0	0	0	0	0		
		Mammogram		0	0	0	0	0		
		Dental Examination		0	0	0	0	0		
1	RI Providence	Pap Smear		0	0	0	0	0		
		Mammogram		0	0	0	0	0		
		Stool Guaiac		0	0	0	0	0		
		Dental Examination		0	0	0	0	0		
		Dental X-Rays/Panogr.		0	0	0	0	0		
		Serology/RPR		0	0	0	0	0		
		Lipid Profile		0	0	0	0	0		
		G6PD/Sickle Cell		0	0	0	0	0		
		EKG		0	0	0	0	0		
		Chest X-Ray		0	0	0	0	0		
		Audiogram		0	0	0	0	0		
		Visual Acuity		0	0	0	0	0		
		Refraction		0	0	0	0	0		
		Tonometry		0	0	0	0	0		
		UA		0	0	0	0	0		
1	MA South Weymouth	Never Used								
1	NY Watertown	Never Used								
1	VT White River	Pap Smear		1	0	1	0	0		
		Mammogram		0	0	0	0	0		
		Lipid Profile		4	0	0	0	0		
		Chest X-Ray		0	0	0	0	0		
		Tonometry		0	0	0	0	0		

Part F-Q43

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
1	MA	Worcester	Never Used							
4	NY	Amityville	Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. EKG Chest X-Ray Refraction Tonometry		0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	Used Private MD Used Private MD  <10 (exams done)  Never Used <10 (exams done prn)
4	NY	Bronx	Pap Smear Mammogram Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Refraction Tonometry	\$15 \$75	0 0 0 20 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	    <110 (done if not in rcd)  <0 (exams done prn)  <110 (exams done prn)
4	NY	Brooklyn	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Audiogram Refraction Tonometry		0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	  <86 (exams done)  <86 (exams done prn)

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
4	NY	Buffalo	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental X-Rays/Panogr.		32	0	0	0	0	<76 (exams done)
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		0	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	<76 (done if not in red)
			EKG		0	0	0	0	0	
			Chest X-Ray		Still FNA	0	0	0	0	<0 (exams done prm)
			Audiogram		0	0	0	0	0	
			Refraction		0	0	0	0	0	<76 (exams done prm)
			Tonometry		0	0	0	0	0	
4	NY	Fort Dix	Pap Smear		0	0	0	0	0	
			Mammogram		Still FNA	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<146 (exams done)
			Chest X-Ray		0	0	0	0	0	<146 (exams done prm)
			Audiogram		0	0	0	0	0	
			Refraction		0	0	0	0	0	<146 (exams done prm)
			Tonometry		0	0	0	0	0	
4	NY	Horseheads	Pap Smear		Still FNA					
			Mammogram		Still FNA					
			Dental X-Rays/Panogr.	\$55.00	30	0	0	0	0	<61 (exams done)
			Chest X-Ray		Still FNA					<0 (exams done prm)
4	NJ	Kearny	Pap Smear		Still FNA	0	0	0	0	1 Exam Still FNA
			Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<118 (exams done)
			Serology/RPR		0	0	0	0	0	

Part F-Q43

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
4	NJ	Kearny (Cont.)	Lipid Profile G6PD/Sickle Cell EKG Audiogram		0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 1	<118 (done if not in rcd)
4	DE	Lewes	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Tonometry		0 0 1 0 0 0 0 1 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	<7 (exams done)          <7 (done if not in rcd)
4	PA	Philadelphia	Closed							
4	NY	Rochester	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile EKG Chest X-Ray Audiogram Refraction Tonometry		Still FNA Still FNA 1 0 0 4 0 0 0 2 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 2 0 0	0 0 0 0 0 0 0 0 0 0 0	<36 (exams done)          <36 (exams done prm) <36 (exams done prm)
4	NY	Staten Island	Closed							

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPO	f. # Old CD	g. # Old TNPO	Researcher's Comments
4	NY	Syracuse	Pap Smear		Still FNA	0	0	0	0	Private MD/Still FNA
			Mammogram		Still FNA	0	0	0	0	Private MD/Still FNA
			Dental Examination	Supplies	0	0	0	0	0	
			Dental X-Rays/Panogr.	Supplies	0	0	0	0	0	<47 (exams done)
			EKG	Supplies	0	0	0	0	0	
			Audiogram	Supplies	0	0	0	0	0	
			Refraction		Still FNA	0	0	0	0	Private MD/Still FNA
			Tonometry	Supplies	0	0	0	0	0	
4	DE	Wililmington	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Stool Guaiac		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<16 (exams done)
			HIV		0	0	0	0	0	
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		0	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	<16 (done if not in red)
			EKG		0	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	<16 (exams done pm)
			Audiogram		0	0	0	0	0	
			Visual Acuity		0	0	0	0	0	
			Refraction		0	0	0	0	0	<16 (exams done pm)
			Tonometry		0	0	0	0	0	
6	MD	Adelphi	Never Used							
6	PA	Avoca	Used, But Data Not Received							
6	MD	Baltimore	Never Used							
6	WV	Charleston	Pap Smear	\$11.00	0	0	0	0	0	
			Mammogram	\$92.00	0	0	0	0	0	
			Dental Examination	\$44.00	0	0	0	0	0	
			Dental X-Rays/Panogr.	\$22.00	0	0	0	0	0	<14 (exams done)

Part F-Q43

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
6	WV	Charleston (Cont.)	Serology/RPR Lipid Profile EKG Chest X-Ray Audiogram Tonometry	\$20.00 \$41.00 \$56.00 \$92.00 \$40.00 \$30.00	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	<14 (exams done prn)
6	MD	Cumberland	Stool Guaiac Dental Examination Serology/RPR Lipid Profile EKG Chest X-Ray Audiogram Refraction Tonometry		0 5 0 11 1 0 2 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	<9 (exams done prn) <9 (exams done prn)
6	PA	Ebensburg	Pap Smear Mammogram Stool Guaiac Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Refraction Tonometry		0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	<26 (exams done) <26 (done if not in rcd) <26 (exams done prn) <26 (exams done prn)



43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
6	PA	Erie	Pap Smear Mammogram Stool Guaiac Dental X-Rays/Panogr. EKG Chest X-Ray Audiogram Tonometry		Still FNA Still FNA 0 Still FNA 0 Still FNA 0 Still FNA	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	Private MD Results Used Private MD Results Used
6	PA	Harrisburg	Never Used							
6	WV	Huntington	Pap Smear Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell Chest X-Ray Audiogram Refraction Tonometry	\$84 \$16.75 \$25.25 \$61.50	0 3 0 0 1 0 Still FNA 0 Still FNA Still FNA	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	<15 (exams done)          <15 (done if not in red)
6	PA	Lehigh Valley	Used, But Data Not Retrieved							
6	WV	Moundsville	Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. EKG Chest X-Ray Audiogram Refraction Tonometry		0 0 0 4 2 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 3 2 0 0 0 0 0	0 0 0 0 0 0 0 1 0 0	0 0 0 0 2 0 0 0 0 0	          <2 (exams done)    <14 (exams done prn)    <14 (exams done prn)

Part F-Q43

43. Description Exams Previously/Now FNA:											
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments	
6	PA	Pittsburgh	Pap Smear	\$40.00	0	0	0	0	0	<137 (exams done)	
			Mammogram	\$112.56	0	0	0	0	0		
			Dental X-Rays/Panogr.	\$30.00	0	0	0	0	0		
			Serology/RPR	\$2.00	0	0	0	0	0		
			Lipid Profile	\$8.50	17	0	0	0	0		
			G6PD/Sickle Cell	\$13.75	0	0	0	0	0		
			Chest X-Ray	\$94.64	0	0	0	0	0		
			Audiogram		0	0	0	0	0		
			Refraction	*\$35.00	0	0	0	0	0		
			Tonometry	*included	0	0	0	0	0		
6	PA	Reading	Never Used								
6	DC	Washington	Never Used								
6	PA	Williamsport	Pap Smear		0	0	0	0	0	<12 (exams done)	
			Mammogram		0	0	0	0	0		
			Dental Examination		1	0	0	0	0		
			Dental X-Rays/Panogr.		0	0	0	0	0		
			Lipid Profile		0	0	0	0	0		
			G6PD/Sickle Cell		0	0	0	0	0		
			Chest X-Ray		0	0	0	0	0		
			Visual Acuity		0	0	0	0	0		
			Refraction		0	0	0	0	0		
			Never Used							<12 (exams done pm)	
7	NC	Asheville	Never Used								
7	SC	Charleston	Pap Smear		Still FNA						
			Mammogram		Still FNA						
7	NC	Charlotte	Never Used								
7	SC	Columbia	Never Used								

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
7	NC	Greensboro	Pap Smear	\$20.00	0	0	0	0	0	<14 (exams done)
			Mammogram	\$68.00	0	0	0	0	0	
			Dental X-Rays/Panogr.	\$20.00	1	0	0	0	0	
			HIV	\$22.00	0	0	0	0	0	
			Serology/RPR	\$15.50	0	0	0	0	0	<14 (exams done pm)
			Lipid Profile	\$30	0	0	0	0	0	
			Chest X-Ray	\$65	0	0	0	0	0	
			Audiogram	\$20	0	0	0	0	0	
			Refraction	\$7	0	0	0	0	0	<14 (exams done pm)
			Tonometry	*included	0	0	0	0	0	
7	SC	Greenville	Dental Examination		Still FNA					*in Exam Cost
7	VA	Norfolk	Pap Smear		Still FNA					
			Mammogram		Still FNA					
			Chest X-Ray		Still FNA					
			Visual Acuity		Still FNA					
			Tonometry		Still FNA					
7	NC	Raleigh	EKG	\$45.00	0	0	0	0	0	
			Audiogram	\$28.00	0	0	0	0	0	
7	VA	Richmond	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<90 (exams done)
7	VA	Roanoke	Pap Smear	\$37.00	1	1	0	0	0	
			Mammogram	\$55.00	0	0	0	0	0	
			Dental Examination	\$35.00	16	0	0	3	0	
			Dental X-Rays/Panogr.	10.00/\$2	0	0	0	3	0	<64 (exams done)
			Serology/RPR	\$5.00	0	0	0	0	0	
			Lipid Profile	\$48.00	0	0	0	2	0	
			EKG	\$32.00	1	1	0	1	0	
			Chest X-Ray	\$90.00	0	0	0	0	0	<64 (exams done pm)

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43. Description Exams Previously/Now FNA:										
RC Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments	
7	VA Roanoke (Cont.)	Audiogram	\$22.00	12	3	0	2	0	<64 (exams done prn)	
		Refraction	\$25.00	4	2	0	0	0		
		Tonometry	\$34.00	1	1	0	1	0		
		CBC	\$16.00	0	0	0	0	0		
		UA	\$12.00	0	0	0	0	0		
		PSA Blood test	\$34.00	0	0	0	0	0	Done on Men>40	
7	NC Wilmington	Never Used								
8	GA Atlanta	Never Used								
8	GA Augusta	Mammogram	\$90.00	0	0	0	0	0		
		Dental Examination		0	0	0	0	0		
		Chest X-Ray	\$50.00	0	0	0	0	0	<22 (exams done prn)	
8	GA Columbus	Never Used								
8	FL Jacksonville	Pap Smear		0	0	0	0	0		
		Mammogram		0	0	0	0	0		
		Stool Guaiac		0	0	0	0	0		
		EKG		0	0	0	1	1		
		Chest X-Ray		0	0	0	0	0	<77 (exams done prn)	
		Tonometry		0	0	0	0	0		
8	FL Miami	Pap Smear	*\$126.40	0	0	0	0	0		
		Mammogram	*included	0	0	0	0	0		
		Dental X-Rays/Panogr.	\$16.20/	0	0	0	0	0	<130 (exams done)	
			\$80.00							
		G6PD/Sickle Cell	*included	0	0	0	0	0	<130 (done if not in red)	
		Refraction	*included	0	0	0	0	0	<130 (exams done prn)	
		Tonometry	*included	0	0	0	0	0		
8	FL Orlando	Chest X-Ray		0	0	0	0	0		
		Urine (micro)							No Longer Required	
8	FL Pensacola	Never Used								
8	PR Roosevelt Rds	Never Used								
8	GA Savannah	Never Used								

Part F-Q43

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
8	FL	St. Petersburg	Pap Smear	\$15.00	0	0	0	0	0	<182 (done if not in red)
			Mammogram	\$30.00	0	0	0	0	0	
			Serology/RPR	\$17.00	0	0	0	0	0	
			Lipid Profile	\$3.61	0	0	0	0	0	
			G6PD/Sickle Cell	\$12.59	0	0	0	0	0	
8	FL	Tallahassee	Pap Smear	\$60.00	0	0	0	0	0	15 Exams from P. MD <0 (exams done)
			Mammogram	\$80.00	0	0	0	0	0	
			Stool Guaiac	\$5.00	0	0	0	0	0	
			Dental Examination		Still FNA/5	0	0	0	0	
			Dental X-Rays/Panogr.		Still FNA	0	0	0	0	
			Serology/RPR	\$10.00	0	0	0	0	0	
			Lipid Profile	\$20.00	0	0	0	0	0	
			EKG	\$15.00	1	0	0	0	0	
			Chest X-Ray	ever Use	0	0	0	0	0	
			Audiogram	\$25.00	1	0	0	0	0	
			Tonometry	\$25.00	0	0	0	0	0	
8	FL	Tampa	Pap Smear	\$10.00	0	0	0	0	0	<125 (done if not in red)
			Mammogram	\$45.00	0	0	0	0	0	
			Serology/RPR	\$4.00	0	0	0	0	0	
			Lipid Profile	\$5.00	0	0	0	0	0	
			G6PD/Sickle Cell	\$15/\$8.50	0	0	0	0	0	
			EKG	\$15.00	0	0	0	0	0	
			Chest X-Ray	\$42.00	0	0	0	0	0	
			Audiogram	\$22.00	0	0	0	0	0	
			Tonometry	\$22.00	0	0	0	0	0	
			Hematocrit	\$3.00	0	0	0	0	0	
			Blood Glucose	\$5.00	0	0	0	0	0	

Part F-Q43

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
8	FL	West Palm Bch	Pap Smear		Still FNA	0	0	0	0	Private MD Results Used
			Mammogram		Still FNA	0	0	0	0	Private MD Results Used
			Dental Examination	\$50	0	0	0	0	0	
			Serology/RPR	*\$72.00	0	0	0	0	0	
			Lipid Profile	*included	0	0	0	0	0	
			G6PD/Sickle Cell	*included	0	0	0	0	0	<54 (done if not in rcd)
			Chest X-Ray	\$60.00	0	0	0	0	0	<54 (exams done prn)
9	OH	Akron	Pap Smear		Still FNA	0	0	0	0	Private MD Results Used
			Mammogram		Still FNA	0	0	0	0	Private MD Results Used
			Stool Guaiac		0	0	0	0	0	
			Dental Examination		4	0	0	0	0	
			Dental X-Rays/Panogr.		Still FNA	0	0	0	0	
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		6	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	<24 (done if not in rcd)
			Chest X-Ray		0	0	0	0	0	<24 (exams done prn)
			Audiogram		2	0	0	0	0	
9	TN	Chattanooga	Refraction		Still FNA	0	0	0	0	
			Tonometry		Still FNA	0	0	0	0	
			Pap Smear		Still FNA					
			Mammogram		Still FNA					
			Chest X-Ray		Still FNA					
			Refraction		Still FNA					
			Tonometry		Still FNA					
9	OH	Cincinnati	Pap Smear	\$65.00	0	0	0	0	0	
			Mammogram	\$125	0	0	0	0	0	
			Dental X-Rays/Panogr.	\$25.00	0	0	0	0	0	<11 (exams done)
			Serology/RPR	\$3.00	0	0	0	0	0	
			Lipid Profile	\$7.00	0	0	0	0	0	
			G6PD/Sickle Cell	\$4.00	0	0	0	0	0	<11 (done if not in rcd)

Part F-Q43

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
9	OH	Cincinnati (Cont.)	EKG	\$35.00	0	0	0	0	0	
			Chest X-Ray	\$24.00	0	0	0	0	0	<11 (exams done pm)
			Audiogram	\$8.00	0	0	0	0	0	
			Refraction	\$11.00	0	0	0	0	0	<11 (exams done pm)
			Tonometry	\$7.00	0	0	0	0	0	
9	OH	Cleveland	Which Exams Unknown							But Used FNA
9	OH	Columbus	Pap Smear		0	0	0	0	0	Private MD Results Used
			Mammogram		0	0	0	0	0	Private MD Results Used
			Dental Examination	\$50.00	0	0	0	0	0	<37 (exams done)
			Dental X-Rays/Panogr.	\$28.00	0	0	0	0	0	
			Serology/RPR	\$20.75	0	0	0	0	0	
			Lipid Profile	\$20.25	0	0	0	0	0	
			G6PD/Sickle Cell	\$81.40	0	0	0	0	0	<37 (done if not in red)
			EKG		0	0	0	0	0	
			Chest X-Ray		Still FNA					
			Audiogram		0	0	0	0	0	
			Refraction		0	0	0	0	0	<37 (exams done pm)
			Tonometry		0	0	0	0	0	
9	OH	Dayton	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Stool Guaiac		0	0	0	0	0	
			Dental Examination		2	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<12 (exams done)
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		5	0	0	0	0	
			EKG		0	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	<12 (exams done pm)
			Audiogram		1	1	0	0	0	
			Refraction		0	0	0	0	0	<12 (exams done pm)
			Tonometry		0	0	0	0	0	

Part F-Q43

43. Description Exams Previously/Now FNA:											
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments	
9	IN	Evansville	Pap Smear		0	0	0	0	0	<30 (exams done)  <30 (exams done pm)  <30 (exams done pm)	
			Mammogram		0	0	0	0	0		
			Dental Examination		0	0	0	0	0		
			Dental X-Rays/Panogr.		0	0	0	0	0		
			EKG		0	0	0	0	0		
			Chest X-Ray		0	0	0	0	0		
			Audiogram		0	0	0	0	0		
			Refraction		0	0	0	0	0		
			Tonometry		0	0	0	0	0		
9	IN	Gary	Pap Smear		Still FNA	0	0	0	0	Private MD Results Used Private MD Results Used  <30 (exams done)  <30 (done if not in rcd)  <0 (exams done pm)  <30 (exams done pm)	
			Mammogram		Still FNA	0	0	0	0		0
			Stool Guaiac		0	0	0	0	0		0
			Dental Examination		0	0	0	0	0		0
			Dental X-Rays/Panogr.		0	0	0	0	0		0
			Serology/RPR		0	0	0	0	0		0
			Lipid Profile		1	0	0	0	0		0
			G6PD/Sickle Cell		0	0	0	0	0		0
			EKG		0	0	0	0	0		0
			Chest X-Ray		Never Used	0	0	0	0		0
			Audiogram		0	0	0	0	0		0
			Refraction		0	0	0	0	0		0
			Tonometry		0	0	0	0	0		0
9	IN	Indianapolis	Pap Smear		Still FNA					<22 (exams done)   <22 (done if not in rcd)  <22 (exams done pm)	
			Mammogram		Still FNA						0
			Dental X-Rays/Panogr.		0	0	0	0	0		0
			Serology/RPR		0	0	0	0	0		0
			Lipid Profile	\$20.00	0	0	0	0	0		0
			G6PD/Sickle Cell	\$14.36	0	0	0	0	0		0
			EKG		0	1	0	0	0		0
			Chest X-Ray		0	0	0	0	0		0

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
9	KY	Louisville	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<31 (exams done)
			EKG		0	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	<31 (exams done pm)
			Audiogram		0	0	0	0	0	
			Refraction		0	0	0	0	0	<31 (exams done pm)
			Tonometry		0	0	0	0	0	
9	TN	Memphis	Never Used							
9	TN	Nashville	Dental Examination		0	0	0	0	0	
			Lipid Profile	\$45.00	6	0	0	0	0	
			EKG	\$65.00	4	0	0	0	0	
			Chest X-Ray		Still FNA					
			Audiogram	\$20.00	3	0	0	0	0	
			Refraction		Still FNA					
			Tonometry		Still FNA					
9	TN	Southbend	Stool Guaiac		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<14 (exams done)
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		0	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	<14 (done if not in red)
			EKG		0	0	0	0	0	
			Audiogram		0	0	0	0	0	

43. Description Exams Previously/Now FNA:										
RC Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments	
9	OH Toledo	Pap Smear		0	0	0	0	0	<22 (exams done)	
		Mammogram		0	0	0	0	0		
		Dental X-Rays/Panogr.		2	0	0	0	0		
		HIV		0	0	0	0	0		
		Serology/RPR		0	0	0	0	0		
		Lipid Profile		0	0	0	0	0		
		G6PD/Sickle Cell		0	0	0	0	0		
		EKG		0	0	0	0	0		
		Chest X-Ray		0	0	0	0	0		
		Audiogram		0	0	0	0	0		
		Refraction		0	0	0	0	0		
9	OH Youngstown	Tonometry		0	0	0	0	0	<22 (exams done prm)	
		Pap Smear		0	0	0	0	0		
		Mammogram		0	0	0	0	0		
		Stool Guaiac		0	0	0	0	0		
		Dental Examination		0	0	0	0	0		
		Dental X-Rays/Panogr.		0	0	0	0	0		
		Serology/RPR	\$9	0	0	0	0	0		
		Lipid Profile	\$20	0	0	0	0	0		
		EKG		0	0	0	0	0		
		Chest X-Ray		0	0	0	0	0		
		Audiogram		0	0	0	0	0		
		Refraction		0	0	0	0	0	<28 (exams done prm)	
		Tonometry		0	0	0	0	0		

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
10	LA	Baton Rouge	Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. Chest X-Ray Audiogram Refraction Tonometry		Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA					
10	AL	Bessemer	Pap Smear Mammogram Lipid Profile Audiogram		0 0 36 5	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	
10	MS	Gulfpport	Never Used							
10	AL	Huntsville	Pap Smear Mammogram EKG Chest X-Ray Audiogram Tonometry		Still FNA Still FNA 0 0 0 Still FNA		0 0 0 0	0 0 0 0	0 0 0 0	<65 (exams done prn)
10	MS	Jackson	Pap Smear Mammogram Lipid Profile EKG Chest X-Ray Audiogram Refraction Tonometry		Still FNA Still FNA 0 0 0 0 0 0		0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	<22 (exams done prn) <22 (exams done prn)

43. Description Exams Previously/Now FNA:										
RC Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments	
10	AR Little Rock	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. EKG Chest X-Ray Audiogram Refraction Tonometry	\$10.00 \$14.00 \$14.00 \$37.00 \$50.00 \$16.00 \$45.00 \$35.00	0 Still FNA 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	<59 (exams done) <59 (exams done prn) <59 (exams done prn)	
10	AL Mobile	Pap Smear Mammogram Stool Guaiac Refraction		Still FNA Still FNA Still FNA Still FNA						
10	LA New Orleans	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Chest X-Ray Audiogram Refraction Tonometry		0 0 0 3 0 1 0 0	0 0 0 0 0 0 0 0	0 0 0 3 0 1 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	<14 (exams done) <14 (exams done prn) <14 (exams done prn)	
10	OK Oklahoma City	Never Used		0		0	0	0		

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
10	LA	Shreveport	Pap Smear		0	0	0	0	0	<14 (exams done)  <14 (done if not in red)  <14 (exams done prm)  <14 (exams done prm)
			Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	
			Serology/RPR		0	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	
			EKG		0	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	
			Audiogram		0	0	0	0	0	Private MD Results Used Private MD Results Used  <80 (done if not in red)  <80 (exams done prm)  <80 (exams done prm)
			Refraction		0	0	0	0	0	
			Tonometry		0	0	0	0	0	
10	OK	Tulsa	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		14	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	
			EKG		0	0	0	0	0	<22 (exams done) <22 (exams done prm)
			Chest X-Ray		0	0	0	0	0	
			Audiogram		15	0	0	0	0	
			Refraction		0	0	0	0	0	
			Tonometry		Still FNA		0	0	0	
10	AL	Tuscaloosa	Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	
			Audiogram		0	0	0	0	0	
			Tonometry		0	0	0	0	0	

<b>43. Description Exams Previously/Now FNA:</b>										
<b>RC</b>	<b>Stat</b>	<b>Facility Name</b>	<b>a. FNA Exam Name</b>	<b>b. Unit Cost</b>	<b>c. # New Cases</b>	<b>d. # New CD</b>	<b>e. # New TNPQ</b>	<b>f. # Old CD</b>	<b>g. # Old TNPQ</b>	<b>Researcher's Comments</b>
11	NM	Albuquerque	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Refraction Tonometry		Still FNA Still FNA 0 0 0 2 0 0 Still FNA 0 Still FNA Still FNA	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	<39 (exams done)            	
11	TX	Amarillo	Serology/RPR Lipid Profile G6PD/Sickle Cell Audiogram		0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	<11 (done if not in red)
11	TX	Austin	Pap Smear Mammogram Chest X-Ray		Still FNA Still FNA Still FNA					
11	TX	Corpus Christi	Never Used							
11	TX	Dallas	Never Used							
11	TX	El Paso	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell EKG		0 0 4 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	<50 (exams done)         	

## Part F-Q43

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TN PQ	f. # Old CD	g. # Old TN PQ	Researcher's Comments
11	TX	El Paso (Cont.)	Chest X-Ray Audiogram Refraction Tonometry		0 18 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	<50 (exams done pm) <50 (exams done pm)
11	TX	Hartigen	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Chest X-Ray Audiogram Refraction Tonometry	\$25 \$50 \$35	Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	Private MD Results Used  <15 (exams done) <0 (exams done pm) <0 (exams done pm)
11	TX	Houston	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Chest X-Ray Refraction Tonometry	\$60	Still FNA Still FNA 0 0 Never Used Still FNA 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	No Money Available  <0 (exams done) Just Obtained Capacity Equipment Ordered Just Obtained Capacity
11	TX	Laredo	Closed							
11	TX	Lubbock	Pap Smear Mammogram Stool Guaiac Chest X-Ray Audiogram Refraction		0 0 Still FNA Never Used Still FNA Still FNA	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	Private MD Results Used Private MD Results Used Have Just Started to Do



43. Description Exams Previously/Now FNA:										
RC Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments	
11	TX Orange	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile EKG Chest X-Ray Refraction Tonometry		Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA					Still No Standard Procedure to Obtain Periodic Physicals Attempting to Get ISA with Fort Polk	
11	TX San Antonio	Pap Smear Mammogram Chest X-Ray Tonometry		Still FNA Still FNA Still FNA Still FNA						
11	TX Tyler	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Chest X-Ray Audiogram Refraction Tonometry Never Used		0 0 0 0 1 4 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0		
11	TX Waco									
13	MO Cape Girardeau	Mammogram Stool Guaiac Serology/RPR Lipid Profile Chest X-Ray Refraction Tonometry		Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA						

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TN PQ	f. # Old CD	g. # Old TN PQ	Researcher's Comments
13	IA	Cedar Rapids	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<28 (exams done)
			Chest X-Ray		Never Used	0	0	0	0	
			Audiogram		1	0	0	0	0	
13	IL	Decatur	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<14 (exams done)
			Serology/RPR		0	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	<14 (exams done prn)
			Audiogram		0	0	0	0	0	
			Refraction		0	0	0	0	0	<14 (exams done prn)
			Tonometry		0	0	0	0	0	
13	IA	Des Moines	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<24 (exams done)
			EKG		0	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	<24 (exams done prn)
			Audiogram		0	0	0	0	0	
			Refraction		0	0	0	0	0	<24 (exams done prn)
			Tonometry		0	0	0	0	0	
13	IA	Dubuque	Dental Examination		1	1	0	0	0	
			Chest X-Ray	\$27.50	0	0	0	0	0	<4 (exams done prn)
			Audiogram	\$10.00	0	0	0	0	0	
			Refraction		0	0	0	0	0	<32 (exams done prn)
			Tonometry	\$30.50	0	0	0	0	0	



43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
13	NE	Lincoln	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Refraction Tonometry		Still FNA Still FNA 3 0 0 0 0 0 0 0 0 1 Still FNA 0	1 0 0 0 0 0 0 0 0 1 0	2 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	<86 (exams done)   <

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TN PQ	f. # Old CD	g. # Old TN PQ	Researcher's Comments
13	MO	Springfield	Pap Smear		0	0	0	0	0	Private MD Results Used
			Mammogram		0	0	0	0	0	Private MD Results Used
			Dental Examination		Still FNA					Will Have Capacity Jan96
			Dental X-Rays/Panogr.		Still FNA					Will Have Capacity Jan96
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		21	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	<54 (done if not in rcd)
			EKG		2	0	0	0	0	
			Chest X-Ray		1	0	0	0	0	<54 (exams done prm)
			Audiogram		13	1	0	0	0	
			Refraction		0	0	0	0	0	<54 (exams done prm)
			Tonometry		0	0	0	0	0	
13	MO	St. Louis	Serology/RPR		1	1	1	0	0	
			Lipid Profile		58	0	0	0	0	
13	KS	Topeka	Pap Smear		Data Not Received					
			Mammogram		Data Not Received					
			Dental X-Rays/Panogr.		Data Not Received					<15 (exams done)
			Serology/RPR		Data Not Received					
			Lipid Profile		Data Not Received					
			G6PD/Sickle Cell		Data Not Received					<15 (exams done prm)
			Chest X-Ray		Data Not Received					
			Audiogram		Data Not Received					
			Refraction		Data Not Received					<15 (exams done prm)
			Tonometry		Data Not Received					

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
13	IA	Waterloo Prices for Contractor Used Until September, Now Using Army	Dental Examination	\$40.00	0	0	0	0	0	<8 (exams done)
			Dental X-Rays/Panogr.	\$40.00	0	0	0	0	0	
			Serology/RPR	\$5.15	0	0	0	0	0	<8 (done if not in rcd)
			Lipid Profile	\$10.00	0	0	0	0	0	
			G6PD/Sickle Cell	\$42.86	0	0	0	0	0	<5 (exams done prm)
			EKG	\$39.00	0	0	0	0	0	
			Chest X-Ray	\$106.26	0	0	0	0	0	<8 (exams done prm)
			Audiogram	\$12.75	0	0	0	0	0	
			Refraction	*included	0	0	0	0	0	<8 (exams done prm)
			Tonometry	\$12.00	0	0	0	0	0	
13	KS	Wichita	Pap Smear		Still FNA					<23 (done if not in rcd)  <1 (exams done prm)
			Dental Examination		Still FNA					
			Dental X-Rays/Panogr.		Still FNA					
			Serology/RPR	0	0	0	0	0	0	
			Lipid Profile	0	9	0	0	0	0	
			G6PD/Sickle Cell	0	0	0	0	0	0	
			EKG	0	0	0	0	0	0	
			Chest X-Ray	0	1	0	0	0	0	
			Audiogram	0	6	0	0	0	0	
			Tonometry	0	0	0	0	0	0	
16	MI	Battle Creek Cadillac	CBC	0	0	0	0	0	0	Reserve Facility Closing 5/31/1996
			Mammogram	0	0	0	0	0	0	
			Pap Smear		Still FNA					
			Dental Examination		Still FNA					
			Serology/RPR	\$17	0	0	0	0	0	
			Audiogram		Still FNA					
			Audiogram	\$12	2	0	0	0	0	
			Refraction	\$26	0	0	0	0	0	

43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
16	WY	Cheyenne	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental Examination		10	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	<9 (exams done prn)
			Audiogram		0	0	0	0	0	
			Visual Acuity		0	0	0	0	0	
			Refraction		0	0	0	0	0	<9 (exams done prn)
			Tonometry		0	0	0	0	0	
16	CO	Denver	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Lipid Profile		0	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	<81 (done if not in rcd)
			EKG		2	0	2	0	0	
			Chest X-Ray		0	0	0	0	0	<81 (exams done prn)
			Refraction		0	0	0	0	0	<81 (exams done prn)
			Tonometry		0	0	0	0	0	
16	MI	Detroit	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental Examination		58	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<118 (exams done)
			Lipid Profile		0	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	<118 (done if not in rcd)
			Chest X-Ray		0	0	0	0	0	<118 (exams done prn)
			Audiogram		0	0	0	0	0	
16	MN	Duluth	Pap Smear	\$17	0	0	0	0	0	
			Mammogram	\$75	0	0	0	0	0	
			Audiogram	\$25	0	0	0	0	0	
			Refraction	\$45	0	0	0	0	0	<25 (exams done prn)
			Tonometry	\$30	0	0	0	0	0	
			Urine (micro)	\$17	0	0	0	0	0	

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
16	ND	Fargo	Dental X-Rays/Panogr. Tonometry	\$20.00	0 Still FNA	0	0	0	0	<60 (exams done)
16	CO	Fort Carson	Used, But Data Not Received							
16	MI	Grand Rapids Plan to Use Army Soon for Exams	Chest X-Ray Audiogram Refraction Tonometry		Still FNA Still FNA Still FNA Still FNA					
16	WI	Green Bay	Pap Smear Mammogram Dental Examination Dental X-Rays/Panogr. HIV Serology/RPR Lipid Profile G6PD/Sickle Cell Audiogram Phlebotomy	\$35.00 \$97.00 \$15.00 \$52.00 \$15.00 \$4.50 \$15.00 \$31.16 \$15.00 \$5.60	0 0 7 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	<15 (exams done)          <15 (done if not in red)	
16	MI	Lansing	Pap Smear Mammogram Stool Guaiac Dental Examination Dental X-Rays/Panogr. Serology/RPR Lipid Profile G6PD/Sickle Cell EKG Chest X-Ray Audiogram Refraction Tonometry		Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA Still FNA					Negotiating Contract for Civilian Purchase to Start in Jan 1996 " " " " " " " " " " "

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43. Description Exams Previously/Now FNA:										
RC Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments	
16	WI La Crosse	Dental X-Rays/Panogr.		0	0	0	0	0		
16	WI Madison	Pap Smear	\$22	1	1	0	0	0		
		Mammogram		0	0	0	0	0		
		Stool Guaiac		0	0	0	0	0		
		Dental Examination		12	0	0	0	0		
		Dental X-Rays/Panogr.	\$55	0	0	0	0	0	<28 (exams done)	
		EKG	\$42	1	0	0	0	0		
		Chest X-Ray	\$60	0	0	0	0	0	<28 (exams done prn)	
		Audiogram	\$25	0	0	0	0	0		
		Refraction		0	0	0	0	0	<28 (exams done prn)	
		Tonometry		0	0	0	0	0		
16	WI Milwaukee	Pap Smear		0	0	0	0	0	Private MD Results Used	
		Mammogram		0	0	0	0	0	Private MD Results Used	
		Stool Guaiac		0	0	0	0	0	Private MD Results Used	
		Dental X-Rays/Panogr.	\$8/\$12	0	0	0	0	0	<22 (exams done)	
		Chest X-Ray		0	0	0	0	0	<22 (exams done prn)	
		Audiogram		0	0	0	0	0		
		Refraction		0	0	0	0	0	Private MD Results Used	
		Tonometry		0	0	0	0	0	Private MD Results Used	
16	WI Oshkosh	Closed								
16	MI Saginaw	Lipid Profile	\$15.00	0	0	0	0	0		
		EKG	\$55.00	0	0	0	0	0		
		Audiogram	\$15.00	0	0	0	0	0		
		Tonometry	\$30.00	0	0	0	0	0		
16	WI Sheboygan	Closed								
16	SD Sioux Falls	Pap Smear	\$51.00	0	0	0	0	0		
		Mammogram	\$59.00	0	0	0	0	0		
		Dental X-Rays/Panogr.		0	0	0	0	0	<14 (exams done)	
		Audiogram		0	0	0	0	0		
		Tonometry		0	0	0	0	0		

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TN PQ	f. # Old CD	g. # Old TN PQ	Researcher's Comments
16	WI	Stevens Point	Pap Smear		Still FNA	0	0	0	0	Private MD Results Used
			Mammogram		Still FNA	0	0	0	0	Private MD Results Used
			Chest X-Ray		Still FNA	0	0	0	0	<0 (exams done prn)
			Audiogram	\$32.00	Still FNA	1	0	0	0	1 Patient w/Problem Done
16	MN	St. Paul	Never Used FNA							
19	CA	Bakersfield	Never Used FNA							
19	CA	Encino	Pap Smear		Still FNA	0	0	0	0	Private MD Results Used
			Mammogram		Still FNA	0	0	0	0	Private MD Results Used
19	CA	Fresno	Pap Smear		0	0	0	0	0	
			Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.		0	0	0	0	0	<30 (exams done)
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		0	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	
			EKG		1	0	0	0	0	<30 (done if not in red)
			Chest X-Ray		0	0	0	0	0	<30 (exams done prn)
			Refraction		0	0	0	0	0	<30 (exams done prn)
			Tonometry		0	0	0	0	0	
19	HI	Honolulu	Never Used FNA							
19	NV	Las Vegas	Pap Smear		Still FNA	0	0	0	0	
			Mammogram		Still FNA	0	0	0	0	
			Dental X-Rays/Panogr.	Not Revd	5	0	0	3	0	<52 (exams done), Film \$
			EKG		0	0	0	0	0	
			Audiogram		0	0	0	0	0	
			Refraction		Still FNA	0	0	0	0	<0 (exams done prn)
			Tonometry		0	0	0	0	0	

43. Description Exams Previously/Now FNA:										
RC Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPO	f. # Old CD	g. # Old TNPO	Researcher's Comments	
19	CA Long Beach	Pap Smear	\$50	0	0	0	0	0	<155 (exams done prn)	
		Mammogram	\$70	0	0	0	0	0		
		Refraction	\$30	0	0	0	0	0		
		Tonometry	\$30	0	0	0	0	0		
19	CA Mareno Valley	Excused							Excused	
19	AZ Phoenix	Pap Smear		0	0	0	0	0	<55 (exams done)	
		Mammogram		0	0	0	0	0		
		Dental Examination		0	0	0	0	0		
		Dental X-Rays/Panogr.		0	0	0	0	0		
		Serology/RPR		0	0	0	0	0	<55 (done if not in red)	
		Lipid Profile		0	0	0	0	0		
		G6PD/Sickle Cell		0	0	0	0	0		
		EKG		0	0	0	0	0		
		Chest X-Ray		Still FNA						
		Refraction		Still FNA						
		Tonometry		0	0	0	0	0		
19	CA Pomona	Closed								
19	CA Port Hueneme	Never Used FNA								
19	CA San Bernardino	Closed								
19	CA San Diego	Never Used FNA								
19	CA Santa Ana	Closed								
19	AZ Tucson	Never Used FNA								
22	CA Alameda	Audiograms		0	0	0	0	0		
22	AK Anchorage	Never Used FNA								
22	MT Billings	Pap Smear	\$30.00	0	0	0	0	0		
		Mammogram	\$60.75	0	0	0	0	0		
		Stool Guaiac		0	0	0	0	0		
		Dental Examination		Still FNA						
		Serology/RPR		0	0	0	0	0		
		Lipid Profile		0	0	0	0	0		

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
22	MT	Billings (Cont.)	G6PD/Sickle Cell		0	0	0	0	0	<11 (done if not in red)
			EKG	\$45.00	0	0	0	0	0	
			Chest X-Ray		Still FNA					
			Audiogram	\$9.75	0	0	0	0	0	
			Refraction		Still FNA					
22	ID	Boise	Never Used FNA							
22	WA	Bremerton	Pap Smear	\$65.00	0	0	0	0	0	<63 (exams done)
			Dental Examination	\$85.00	1	1	0	0	0	
			Dental X-Rays/Panogr.	\$50.00	0	0	0	0	0	
			Never Used FNA							
22	OR	Central Point	Never Used FNA							
22	OR	Eugene	Never Used FNA							
22	WA	Everett	Pap Smear		0	0	0	0	0	<34 (exams done) <34 (done if not in red) <34 (exams done prn) <34 (exams done prn)
			Mammogram		0	0	0	0	0	
			Stool Guaiac		2	0	0	0	0	
			Dental Examination		3	0	0	0	0	
			Dental X-Rays/Panogr.		3	0	0	0	0	
			G6PD/Sickle Cell		3	0	0	0	0	
			Chest X-Ray		0	0	0	0	0	
			Refraction		3	0	0	0	0	
			Tonometry		0	0	0	0	0	
			PSA		1	0	0	0	0	
22	MT	Great Falls	Pap Smear	\$55.00	0	0	0	0	0	<4 (done if not in red)
			Mammogram	\$20.00	0	0	0	0	0	
			G6PD/Sickle Cell	\$64.20	0	0	0	0	0	
			EKG	\$61.00	0	0	0	0	0	
			Audiogram	\$15.00	0	0	0	0	0	
22	MT	Missoula	Never Used FNA							
22	WA	NRMTF	Closed							



43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TN PQ	f. # Old CD	g. # Old TN PQ	Researcher's Comments
22	OR	Salem	Pap Smear	\$15.00	0	0	0	0	0	
			Mammogram		Still FNA					
			Stool Guaiac		0	0	0	0	0	
			Dental Examination		Still FNA					
			Dental X-Rays/Panogr.	\$5.00	0	0	0	0	0	<85 (exams done)
			HIV	\$36.25	0	0	0	0	0	
			Serology/RPR	\$9.20	0	0	0	0	0	
			Lipid Profile	\$22.25	0	0	0	0	0	
			G6PD/Sickle Cell	\$22.70	0	0	0	0	0	<85 (done if not in red)
			EKG	\$48	0	0	0	0	0	
			Chest X-Ray	\$34	0	0	0	0	0	<85 (exams done pm)
			Audiogram	\$34	0	0	0	0	0	
			Visual Acuity	\$34	0	0	0	0	0	
			Refraction		Still FNA					
			Tonometry	\$21	0	0	0	0	0	
22	UT	Salt Lake City	Mammogram		0	0	0	0	0	
			Dental Examination		0	0	0	0	0	
			Dental X-Rays/Panogr.	\$20	0	0	0	0	0	<68 (exams done)
			Serology/RPR		0	0	0	0	0	
			Lipid Profile		15	0	0	0	0	
			G6PD/Sickle Cell		0	0	0	0	0	<68 (done if not in red)
			EKG		1	0	1	0	0	
			Chest X-Ray		0	0	0	0	0	<68 (exams done pm)
			Audiogram		0	0	0	0	0	
			Refraction		0	0	0	0	0	<68 (exams done pm)
22	CA	San Bruno	Never Used FNA							
22	CA	San Francisco	Never Used FNA							
22	CA	San Jose	Pap Smear		0	0	0	0	0	Private MD Results Used
			Mammogram		1	1	0	0	0	Private MD Results Used
			Stool Guaiac		0	0	0	0	0	

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPO	f. # Old CD	g. # Old TNPO	Researcher's Comments
22	WA	Seattle	Pap Smear		0	0	0	0	0	Private MD Results Used
			Mammogram		Still FNA	0	0	0	0	Private MD Results Used
			Dental Examination		3	0	1	0	0	
			Dental X-Rays/Panogr.	\$45.00	0	0	0	0	0	<61 (exams done)
			Chest X-Ray		0	0	0	0	0	<61 (exams done pm)
			Audiogram		4	0	0	2	0	
			Tonometry		0	0	0	0	0	
22	WA	Spokane	Never Used FNA							
22	CA	Stockton	Never Used FNA							
22	WA	Tacoma	Refraction		Still FNA					
NAR	DC	Facility Washington	Never Used FNA							
NAR	OH	NAR Columbus	Pap Smear		Still FNA					
			Mammogram		Still FNA					
			Dental X-Rays/Panogr.		Still FNA					
			Serology/RPR		Still FNA					
			Lipid Profile		Still FNA					
			G6PD/Sickle Cell		Still FNA					
			Chest X-Ray		Still FNA					
			Refraction		Still FNA					
NAR	CO	NAR Denver	Pap Smear		Still FNA					Private MD Results Used
			Mammogram		Still FNA					Private MD Results Used
			Refraction		Still FNA					Private MD Results Used
NAR	FL	NAR Jacksonville	Never Used FNA							
NAR	CA	NAR Lemoore	Never Used FNA							
NAR	TN	NAR Memphis	Never Used FNA							
NAR	MN	NAR Minneapolis	Never Used FNA							
NAR	VA	NAR Norfolk	Never Used FNA							
NAR	KS	NAR Olathe	Never Used FNA							
NAR	CA	NAR Point Mugu	Never Used FNA							
NAR	CA	NAR San Diego	Never Used FNA							

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43. Description Exams Previously/Now FNA:										
RC	Stat	Facility Name	a. FNA Exam Name	b. Unit Cost	c. # New Cases	d. # New CD	e. # New TNPQ	f. # Old CD	g. # Old TNPQ	Researcher's Comments
NAR	CA	NAR Santa Clara	Never Used FNA							
NAR	MI	NAR Selfridge	Never Used FNA							
NAR	WA	NAR Whidbey Is.	Never Used FNA							
NAS	GA	NAS Atlanta	Never Used FNA							
NAS	TX	NAS Dallas	Never Used FNA							
NAS	IL	NAR Chicago	Pap Smear		Still FNA					
			Mammogram		Still FNA					
NAS	LA	NAS New Orleans	Never Used FNA							
NAS	MA	NAS S. Weymouth	Never Used FNA							
NAS	PA	NAS Willow Grove	Never Used FNA							



# Naval Reserve Physical Examination Survey

## Questions 44 and 45: Physical Exam and Immunization Completion Rates

			44. Physical Exam Completion				45. Immunization Completion			
RC	State	Facility Name	a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations	Footnotes #1
1	NY	Albany	517	10	304	203	517	152	365	
1	ME	Augusta	76	6	55	15	76	70	6	
1	ME	Bangor	134	2	0	132	134	18	116	
1	NY	Frankfort	108	20	79	9	108	48	60	
1	NY	Glens Falls	161	12	100	49	161	89	72	
1	NH	Manchester	303	0	0	303	303	51	252	
1	CT	New Haven	417	0	73	344	417	143	274	
1	CT	Plainville	249	3	108	138	249	242	7	
1	ME	Portland	258	0	41	217	258	48	210	
1	RI	Providence	726	3	278	445	726	206	520	
1	MA	South Weymouth	496	38	458	0	496	297	199	
1	NY	Watertown	75	6	24	45	75	22	53	
1	VT	White River	100	0	79	21	100	8	92	
1	MA	Worcester	235	9	59	167	235	142	93	
4	NY	Amityville	250	26	124	100	250	200	50	
4	NY	Bronx	520	22	7	491	520	133	387	
4	NY	Brooklyn	501	28	411	62	501	363	138	
4	NY	Buffalo	492	2	380	110	492	332	160	
4	NY	Fort Dix	1065	91	585	389	1065	707	358	
4	NY	Horseheads	203	3	173	27	203	16	187	
4	NJ	Kearny	601	40	331	230	601	443	158	
4	DE	Lewes	64	0	46	18	64	9	55	
4	PA	Philadelphia	Closed				Closed			
4	NY	Rochester	168	2	87	79	168	69	99	
4	NY	Staten Island	Closed				Closed			
4	NY	Syracuse	364	0	45	319	364	44	320	
4	DE	Wilmington	149	2	109	38	149	120	29	

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			44. Physical Exam Completion				45. Immunization Completion				Footnotes
RC	State	Facility Name	a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations		
6	MD	Adelphi	541	6	140	395	541	397	144		
6	PA	Avoca	177	0	147	30	177	168	9		
6	MD	Baltimore	591	16	173	402	591	491	100		
6	WV	Charleston	158	12	123	23	158	39	119		
6	MD	Cumberland	70	2	31	37	70	63	7		
6	PA	Ebensburg	224	1	150	73	224	139	85		
6	PA	Erie	195	12	175	8	195	195	0		
6	PA	Harrisburg	320	4	214	102	320	17	303		
6	WV	Huntington	139	0	58	81	139	139	0		
6	PA	Lehigh Valley	177	2	140	35	177	142	35		
6	WV	Moundsville	76	64	0	12	76	0	76		
6	PA	Pittsburgh	642	63	437	142	642	186	456		
6	PA	Reading	179	11	0	168	179	24	155		
6	DC	Washington	2213	164	0	2049	2213	1149	1064		
6	PA	Williamsport	87	0	75	12	87	43	44		
7	NC	Asheville	172	6	0	166	172	40	132		
7	SC	Charleston	665	53	0	612	665	192	473		
7	NC	Charlotte	398	0	0	398	398	54	344		
7	SC	Columbia	300	5	0	295	300	22	278		
7	NC	Greensboro	386	9	217	160	386	23	363		
7	SC	Greenville	251	2	0	249	251	10	241		
7	VA	Norfolk	Corrected Data Not Received					2267	1179	1088	
7	NC	Raleigh	469	7	72	390	469	468	1		
7	VA	Richmond	385	8	13	364	385	98	287		
7	VA	Roanoke	314	2	209	103	314	63	251		
7	NC	Wilmington	284	10	0	274	284	284	0		

RC	State	Facility Name	44. Physical Exam Completion				45. Immunization Completion				Footnotes
			a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations		
8	GA	Atlanta	964	38	0	926	964	146	818		
8	GA	Augusta	157	0	42	115	157	60	97		
8	GA	Columbus	261	0	187	74	261	192	69		
8	FL	Jacksonville	799	13	524	262	799	157	642		
8	FL	Miami	410	11	306	93	410	216	194		
8	FL	Orlando	809	102	286	421	809	680	129		
8	FL	Pensacola	422	2	20	400	422	85	337		
8	PR	Roosevelt Roads	471	6	0	465	471	99	372		
8	GA	Savannah	249	0	0	249	249	30	219		
8	FL	St. Petersburg	328	51	0	277	328	268	60		
8	FL	Tallahassee	187	2	97	88	187	93	94		
8	FL	Tampa	562	37	0	525	562	223	339		
8	FL	West Palm Beach	298	5	230	63	298	298	0		
9	OH	Akron	265	11	229	25	265	246	19		
9	TN	Chattanooga	217	8	141	68	217	113	104		
9	OH	Cincinnati	270	1	172	97	270	38	232		
9	OH	Cleveland	402	20	0	382	402	334	68		
9	OH	Columbus	521	7	457	57	521	172	349		
9	OH	Dayton	219	5	193	21	219	219	0		
9	IN	Evansville	141	2	61	78	141	140	1		
9	IN	Gary	158	6	3	149	158	150	8		
9	IN	Indianapolis	459	65	394	0	459	459	0		
9	TN	Knoxville	413	0	213	200	413	200	213		
9	KY	Lexington	244	5	169	70	244	60	184		
9	KY	Louisville	360	30	260	70	360	331	29		
9	TN	Memphis	284	9	0	275	284	0	284		
9	TN	Nashville	300	10	75	215	300	115	185		
9	TN	Southbend	205	5	117	83	205	200	5		
9	OH	Toledo	179	4	3	172	179	179	0		
9	OH	Youngstown	203	14	116	73	203	35	168		

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			44. Physical Exam Completion				45. Immunization Completion				
RC	State	Facility Name	a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations	Footnotes	
10	LA	Baton Rouge	223	2	40	181	223	91	132		
10	AL	Bessemer	640	0	411	229	640	640	0		
10	MS	Gulfport	252	7	0	245	252	42	210		
10	AL	Huntsville	329	19	50	260	329	87	242		
10	MS	Jackson	227	27	37	163	227	23	204		
10	AR	Little Rock	349	39	159	151	349	150	199		
10	AL	Mobile	199	0	36	163	199	80	119		
10	LA	New Orleans	354	1	70	283	354	83	271		
10	OK	Oklahoma City	462	4	0	458	462	99	363		
10	LA	Shreveport	210	8	160	42	210	40	170		
10	OK	Tulsa	351	8	210	133	351	45	306		
10	AL	Tuscaloosa	215	5	137	73	215	33	182		
11	NM	Albuquerque	434	9	400	25	434	432	2		
11	TX	Amarillo	127	0	116	11	127	44	83		
11	TX	Austin	313	0	0	313	313	50	263		
11	TX	Corpus Christi	257	1	0	256	257	31	226		
11	TX	Dallas	1200	16	0	1184	1200	156	1044		
11	TX	El Paso	456	0	96	360	456	56	400		
11	TX	Harlingen	149	2	137	10	149	29	120		
11	TX	Houston	880	40	253	587	880	528	352		
11	TX	Laredo	Closed				Closed				
11	TX	Lubbock	209	3	196	10	209	58	151		
11	TX	Orange	133	4	113	16	133	133	0		
11	TX	San Antonio	558	0	151	407	558	169	389		
11	TX	Tyler	46	2	13	31	46	41	5		
11	TX	Waco	120	2	0	118	120	50	70		

			44. Physical Exam Completion				45. Immunization Completion			
RC	State	Facility Name	a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations	Footnotes
13	MO	Cape Girardeau	177	0	177	0	177	177	0	
13	IA	Cedar Rapids	170	8	130	32	170	60	110	
13	IL	Decatur	196	3	179	14	196	112	84	
13	IA	Des Moines	206	8	166	32	206	194	12	
13	IA	Dubuque	171	2	37	132	171	69	102	
13	IL	Forest Park	529	42	430	57	529	529	0	
13	IL	Great Lakes	772	9	628	135	772	772	0	
13	MO	Kansas City	669	17	594	58	669	635	34	
13	NE	Lincoln	207	0	129	78	207	207	0	
13	NE	Omaha	297	0	219	78	297	95	202	
13	IL	Peoria	153	0	86	67	153	19	134	
13	IL	Rock Island	166	2	0	164	166	48	118	
13	IA	Sioux City	98	0	58	40	98	17	81	
13	MO	Springfield	370	3	293	74	370	262	108	
13	MO	St. Louis	908	43	549	316	908	763	145	
13	KS	Topeka	143	5	23	115	143	134	9	
13	IA	Waterloo	97	2	0	95	97	96	1	
13	KS	Wichita	190	9	150	31	190	114	76	

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			44. Physical Exam Completion				45. Immunization Completion				Footnotes
RC	State	Facility Name	a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations		
16	MI	Battle Creek	184	0	0	184	184	7	177		
16	MI	Cadillac	132	3	129	0	132	67	65		
16	MI	Calumet	98	0	0	98	98	0	98		
16	WY	Cheyenne	106	4	0	102	106	58	48		
16	CO	Denver	650	19	351	280	650	98	552		
16	MI	Detroit	518	70	334	114	518	382	136		
16	MN	Duluth	202	2	128	72	202	60	142		
16	ND	Fargo	163	0	67	96	163	40	123		
16	CO	Fort Carson	250	12	228	10	250	118	132		
16	MI	Grand Rapids	315	9	192	114	315	315	0		
16	WI	Green Bay	224	4	190	30	224	78	146		
16	WI	La Crosse	175	0	110	65	175	171	4		
16	MI	Lansing	153	31	122	0	153	153	0		
16	WI	Madison	155	1	99	55	155	80	75		
16	WI	Milwaukee	451	7	348	96	451	341	110		
16	WI	Oshkosh	Closed				Closed				
16	MI	Saginaw	171	10	70	91	171	75	96		
16	WI	Sheboygan	Closed				Closed				
16	SD	Sioux Falls	190	2	137	51	190	14	176		
16	MN	St. Paul	675	5	0	670	675	373	302		
16	WI	Stevens Point	132	0	132	0	132	132	0		

			44. Physical Exam Completion				45. Immunization Completion			
RC	State	Facility Name	a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations	Footnotes
19	CA	Bakersfield	150	5	0	145	150	96	54	
19	CA	Encino	Corrected Data Not Retrieved				233	68	165	
19	CA	Fresno	223	6	161	56	223	217	6	
19	HI	Honolulu	660	5	0	655	660	407	253	
19	NV	Las Vegas	240	19	0	221	Corrected Data Not Retrieved			
19	CA	Long Beach	1088	128	793	167	1088	651	437	
19	CA	Mareno Valley	Excused				Excused			
19	AZ	Phoenix	705	10	383	312	705	428	277	
19	CA	Pomona	Closed				Closed			
19	CA	Port Hueneme	631	73	0	558	631	580	51	
19	CA	San Bernardino	Closed				Closed			
19	CA	San Diego	2196	124	0	2072	2196	658	1538	
19	CA	Santa Ana	Closed				Closed			
19	AZ	Tucson	258	4	0	254	258	145	113	

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			44. Physical Exam Completion				45. Immunization Completion				Footnotes
RC	State	Facility Name	a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations		
22	CA	Alameda	646	11	511	124	646	111	535	#3	
22	AK	Anchorage	117	0	4	113	117	25	92		
22	MT	Billings	118	2	116	0	118	70	48		
22	ID	Boise	145	1	0	144	145	145	0		
22	WA	Bremerton	471	5	256	210	471	22	449		
22	OR	Central Point	116	3	0	113	116	32	84		
22	OR	Eugene	172	0	0	172	172	120	52		
22	WA	Everett	186	2	139	45	186	49	137		
22	MT	Great Falls	66	5	7	54	66	26	40		
22	MT	Missoula	122	0	0	122	122	4	118		
22	WA	NRMTF	Closed				Closed			#4	
22	UT	Ogden	184	12	0	172	184	30	154		
22	ID	Pocatello	104	1	64	39	104	32	72		
22	OR	Portland	719	12	30	677	719	163	556		
22	NV	Reno	102	0	102	0	102	102	0		
22	WA	Richland	92	3	7	82	92	92	0		
22	CA	Sacramento	443	10	76	357	443	58	385		
22	OR	Salem	76	11	65	0	76	38	38		
22	UT	Salt Lake City	411	5	107	299	411	151	260		
22	CA	San Bruno	114	4	0	110	114	74	40		
22	CA	San Francisco	635	29	250	356	635	207	428		
22	CA	San Jose	270	7	0	263	270	203	67		
22	WA	Seattle	534	3	478	53	534	528	6		
22	WA	Spokane	295	6	0	289	295	40	255		
22	CA	Stockton	258	2	16	240	258	252	6		
22	WA	Tacoma	356	3	189	164	356	54	302		



			44. Physical Exam Completion				45. Immunization Completion				
RC	State	Facility Name	a. Total # Reserves	b. Total Due PE	c. Total Current PE with FNA	d. Total Current PE with NO FNA	a. Total # Reserves	b. Total Due One or More Immunizations	c. Total With Current Immunizations	Footnotes	
NAR	DC	Fac. Washington	2692	303	0	2389	2692	204	2488	#5	
NAR	OH	NAR Columbus	391	25	204	162	391	370	21		
NAR	CO	NAR Denver	586	17	468	101	586	500	86		
NAR	FL	NAR Jacksonville	1709	143	0	1566	1709	411	1298		
NAR	CA	NAR Lemoore	117	2	0	115	117	90	27		
NAR	TN	NAR Memphis	551	74	0	477	551	410	141		
NAR	MN	NAR Minneapolis	693	36	0	657	693	389	304		
NAR	VA	NAR Norfolk	1469	64	0	1405	1469	97	1372		
NAR	KS	NAR Olathe	193	37	149	7	193	159	34		
NAR	CA	NAR Point Mugu	759	50	0	709	759	714	45		
NAR	CA	NAR San Diego	1800	290	0	1510	1800	500	1300		
NAR	CA	NAR Santa Clara	2270	170	0	2100	2270	1850	420		
NAR	MI	NAR Selfridge	700	170	0	530	700	435	265		
NAR	WA	NAR Whidbey Is.	1096	51	0	1045	1096	196	900		
NAS	GA	NAS Atlanta	1325	77	0	1248	1325	1325	0		
NAS	TX	NAS Dallas	1001	85	0	916	1001	250	751		
NAS	IL	NAR Chicago	847	76	173	598	847	847	0		
NAS	LA	NAS New Orleans	1129	304	0	825	1129	304	825		
NAS	MA	NAS S. Weymouth	746	38	0	708	746	280	466		
NAS	PA	NAS Willow Grove	1164	343	0	821	1164	588	576		
TOTAL			81699	4650	24643	52406	83959	40987	42972		
Percent				5.69%	30.163%	64.145%		48.818%	51.182%		
Total (b + c + d):						81699	Total (b + c)		83959		
						100.000%			100.000%		

Part F-Q44-45

TOTAL FORCE:	
% PE's Due	5.69%
% Current PE with FNA	30.16%
% Current PE without FNA	64.15%
% Due Immunizations	48.82%
% Fully Immunized	51.18%
AIR RESERVE FORCE:	
% PE's Due	11.09%
% Current PE with FNA	4.68%
% Current PE without FNA	84.23%
% Due Immunizations	46.70%
% Fully Immunized	53.30%
SURFACE RESERVE FORCE:	
% PE's Due	3.80%
% Current PE with FNA	39.11%
% Current PE without FNA	57.09%
% Due Immunizations	49.53%
% Fully Immunized	50.47%

Current Shots			
	all	air	surf
Total Screened	83959	21238	62721
Due Immun.	48.82%	46.70%	49.53%
Fully Immun.	51.18%	53.30%	50.47%
PE's		air	surf
Total Screened	81699	21238	60461
PE's Due	5.69%	11.09%	3.80%
Current PE w/FNA	30.16%	4.68%	39.11%
Current PE no FNA	64.15%	84.23%	57.09%
			100.00%

Footnotes:

1. Albany: Percentages applied to physical exams and immunizations to compensate for 46 records checked out. See Table a.
2. Detroit: Percentages applied to immunizations to correct for 2 persons transferred. See table b.
3. Sacramento: Percentages applied to immunizations to compensate for 86 records checked out. See Table c.
4. Stockton: Percentages applied to immunizations to compensate for 2 records checked out. See Table d.
5. NAR Denver: Percentages applied to physical exams and immunizations to account to personnel who transferred during time period of report. See Table e.

**Table a:**

Albany % Applied to Immunizations & Physicals Examinations:					
#Rptd	Status	%	# not cnt	% Applied:	New numbers
9	Due PE	1.91%	46	0.88	10
277	PE w/FNA	58.81%	46	27.05	304
185	PE no FNA	39.28%	46	18.07	203
136	Due Immuniz.	29.44%	55	16.19	152
326	Not Due Immuniz.	70.56%	55	38.81	365
471	Total Records PE	100.00%		46.00	517
462	Total Records Imm.	100.00%		55.00	517

**Table b:**

Detroit % Percentages Applied to Immunizations					
#Rptd	Status	%	# not cnt	% Applied:	New numbers
70	Due PE	13.51%		0.00	70
334	PE w/FNA	64.48%		0.00	334
114	PE no FNA	22.01%		0.00	114
381	Due Immuniz.	73.84%	2	1.00	382
135	Not Due Immuniz.	26.16%	2	1.00	136
518	Total Records PE	100.00%		0.00	518
516	Total Records Imm.	100.00%			518

**Table c:**

Sacramento % Applied to Immunizations & Physicals Examinations:					
#Rptd	Status	%	# not cnt	% Applied:	New numbers
8	Due PE	2.19%	86	1.88	10
63	PE w/FNA	17.26%	86	14.84	76
294	PE no FNA	80.55%	86	69.27	357
58	Due Immuniz.	13.09%			58
385	Not Due Immuniz.	86.91%			385
365	Total Records PE	100.00%		86.00	443
443	Total Records Imm.	100.00%			443

**Table d:**

Stockton % Applied to Immunizations & Physicals Examinations:					
#Rptd	Status	%	# not cnt	% Applied:	New numbers
2	Due PE	0.78%	2	0.02	2
16	PE w/FNA	6.25%	2	0.13	16
238	PE no FNA	92.97%	2	1.86	240
252	Due Immuniz.	97.67%			252
6	Not Due Immuniz.	2.33%			6
256	Total Records PE	100.00%		2.00	258
258	Total Records Imm.	100.00%			258

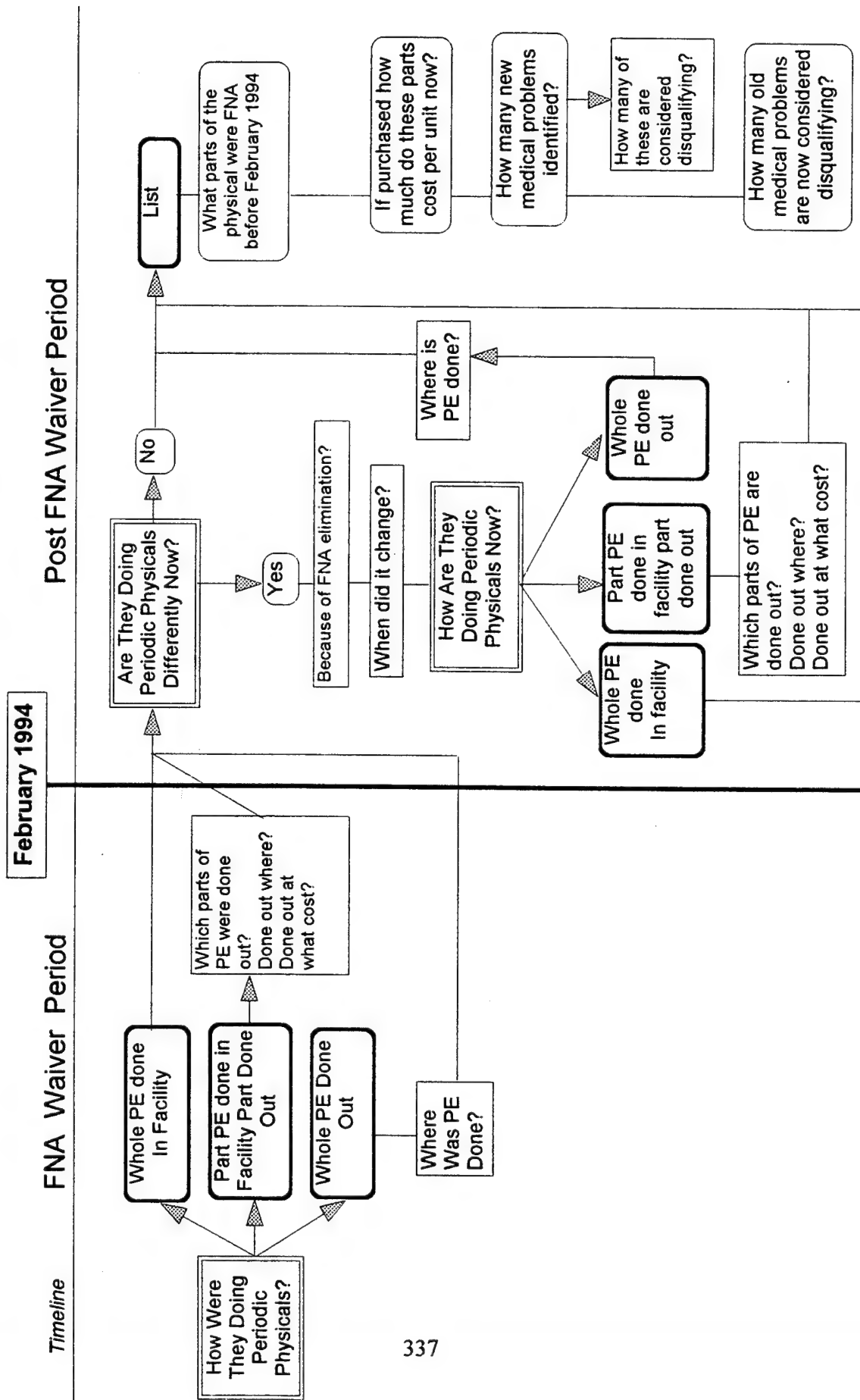
**Table e:**

NAR Denver % Applied to Immunizations & Physicals Examinations:					
#Rptd	Status	%	# not cnt	% Applied:	New numbers
15	Due PE	2.90%	69	2.00	17
413	PE w/FNA	79.88%	69	55.12	468
89	PE no FNA	17.21%	69	11.88	101
492	Due Immuniz.	85.27%	9	7.67	500
85	Not Due Immuniz.	14.73%	9	1.33	86
517	Total Records PE	100.00%		69.00	586
577	Total Records Imm.	100.00%		9.00	586

**APPENDIX B.**  
**PHYSICAL EXAMINATION SURVEY MODEL DESCRIPTION**



# Physical Examination Survey Flowchart



## ***Physical Examination Survey Model Description***

### **Part A: Reserve Facility Information:** Identification of:

- \*Facility
- \*Cognizance for Facility
- \*Zip Code
- \*Point of Contact at Facility

### **Part B: Reserve Population Information:**

- 1-4: Identification of how many primary persons for whom the facility has physical exam responsibility.
- 5-9: Identification of how many other personnel for whom the facility provides physical exams.
- 10-12: Identification of how many physicals they now need to do that haven't yet been done.  
(This number may be used in conjunction with how many physicals they have done as a volume cost driver).

### **Part C: Geographic Medical Facility Information:**

- 13-19: Identification of what local medical assets exist to perform physical examinations and their distance from the facility.

### **Part D: Historical Physical Exam Data:**

- 20-32: These questions relate to the FNA Waiver period on the Physical Examination Survey Flowchart.

### **Part E: Current Physical Exam Data:**

- 33-42: These questions relate to the post FNA waiver on the Physical Examination Survey Flowchart.

### **Part F: FNA Waiver Information:**

- 43: This question quantifies the cost to provide the portions of the exams that were FNA and what medical findings can be directly attributed to their accomplishment.
- 44: This question measures physical exam completion and number of current physicals that still contain FNA's.
- 45: This question measures the numbers of Naval Reserve population currently fully immunized and those not.



**APPENDIX C.**  
**THE ANNUAL CERTIFICATE OF PHYSICAL CONDITION**  
**(NAVMED 6120/3)**



# ANNUAL CERTIFICATE OF PHYSICAL CONDITION

Date: \_\_\_\_\_

## Instructions:

This certificate is to be completed annually by members of the naval service (including Reserves) as required by the Manual of the Medical Department and other directives, as appropriate. **The intentional failure to disclose an illness or disease could be construed as an intent to defraud the Government and could result in the member's loss of disability benefits or be the basis for criminal prosecution or other administrative action under the Uniform Code of Military Justice.**

Type or clearly print member's name (last, first, middle initial); social security number; and unit to which assigned.

The member shall complete the appropriate responses, sign in ink, and date.

1. Last Name, First Name, Middle Init.			2. SSN		3. Rate/Rank	
4. Designator/MOS/NEC		5. Sex	6. Age	7. Date of Birth		
8. Known Allergies			9. Unit or School and UIC			
10. Home Address		Street		City		
11. State		Zip + 4 Code		Home Phone Number		Work Phone Number
12. Location of Health Record			13. Location of Dental Record			
14. Date of last Complete Physical Examination			15. Purpose of Examination			
16. Date of last Dental Exam		17. Type of Examination		18. Class	19. Date of last PAP and results	20. Date of last Mammogram and results
21. Date of last HIV Blood Test		22. Blood Pressure <i>Reserves Only</i>		23. Body Fat %		24. Height
						25. Weight

(Continued on Reverse)

## ANNUAL CERTIFICATE OF PHYSICAL CONDITION

1. Have you had any injury, illness or disease within the past 12 months which required hospitalization or caused you to be absent from school, duty or civilian occupation for more than 3 consecutive days?

( ) NO ( ) YES If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you now, or have you been under a physician's care during the past 12 months?

( ) NO ( ) YES If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you taken prescription medications in the past 12 months?

( ) NO ( ) YES If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any physical defect(s), family or mental problems which might restrict your performance on active duty or prevent your mobilization?

( ) NO ( ) YES If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Upon completion of indicated action, file completed certificate in member's Health Record and a copy in member's Dental Record.

I certify that the information contained in this form is true and complete to the best of my knowledge and belief.

MEMBER'S SIGNATURE: \_\_\_\_\_

MEDICAL DEPT. REP. SIGNATURE: \_\_\_\_\_

REVIEWING OFFICER'S SIGNATURE: \_\_\_\_\_

REVIEWING OFFICER'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX D.**  
**THE REPORT OF MEDICAL HISTORY**  
**(FORM SF 93)**



<b>REPORT OF MEDICAL HISTORY</b> (THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)											
1. LAST NAME—FIRST NAME—MIDDLE NAME						2. SOCIAL SECURITY OR IDENTIFICATION NO.					
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)						4. POSITION (title, grade, component)					
5. PURPOSE OF EXAMINATION				6. DATE OF EXAMINATION		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)					
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)											
9. HAVE YOU EVER (Please check each item)											
(Check each item)											
YES	NO	Lived with anyone who had tuberculosis									
		Coughed up blood									
		Bled excessively after injury or tooth extraction									
		Attempted suicide									
		Been a sleepwalker									
10. DO YOU (Please check each item)											
(Check each item)											
		Wear glasses or contact lenses									
		Have vision in both eyes									
		Wear a hearing aid									
		Stutter or stammer habitually									
		Wear a brace or back support									
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
(Check each item)											
YES	NO	DON'T KNOW	Scarlet fever, erysipelas			YES	NO	DON'T KNOW	Cramps in your legs		
			Rheumatic fever						Frequent indigestion		
			Swollen or painful joints						Stomach, liver, or intestinal trouble		
			Frequent or severe headache						Gall bladder trouble or gallstones		
			Dizziness or fainting spells						Jaundice or hepatitis		
			Eye trouble						Adverse reaction to serum, drug, or medicine		
			Ear, nose, or throat trouble						Broken bones		
			Hearing loss						Tumor, growth, cyst, cancer		
			Chronic or frequent colds						Rupture/hernia		
			Severe tooth or gum trouble						Piles or rectal disease		
			Sinusitis						Frequent or painful urination		
			Hay Fever						Bed wetting since age 12		
			Head injury						Kidney stone or blood in urine		
			Skin diseases						Sugar or albumin in urine		
			Thyroid trouble						VD—Syphilis, gonorrhea, etc.		
			Tuberculosis						Recent gain or loss of weight		
			Asthma						Arthritis, Rheumatism, or Bursitis		
			Shortness of breath						Bone, joint or other deformity		
			Pain or pressure in chest						Lameness		
			Chronic cough						Loss of finger or toe		
			Palpitation or pounding heart						Painful or "trick" shoulder or elbow		
			Heart trouble						Recurrent back pain		
			High or low blood pressure								
13. WHAT IS YOUR USUAL OCCUPATION?											
14. ARE YOU (Check one)											
<input type="checkbox"/> Right handed <input type="checkbox"/> Left handed											

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. B. Inability to perform certain motions. C. Inability to assume certain positions. D. Other medical reasons (If yes, give reasons.)	
		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
		17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.			
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE	
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)			
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE	SIGNATURE  NUMBER OF ATTACHED SHEETS

REVERSE OF STANDARD FORM 113

GPO : 1987 O - 176-411



**APPENDIX E.**  
**THE REPORT OF MEDICAL EXAMINATION**  
**(FORM SF88)**



# REPORT OF MEDICAL EXAMINATION

1. LAST NAME - FIRST NAME - MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY      CIVILIAN			
12. DATE OF BIRTH	13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS			16. OTHER INFORMATION		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

## CLINICAL EVALUATION

NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS - GENERAL (INTERNAL CANALS (Auditory acuity under items 70 and 71))	
	23. DRUMS (Perforation)	
	24. EYES - GENERAL (Visual acuity and refraction under items 56, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicose veins, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae (Prostate, if indicated))	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet (Strength, range of motion))	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Upper Teeth										Lower Teeth									
1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	1	2	3	Replaced by Dentures	1	2	3	Fixed Partial dentures
32	31	30	Teeth	32	31	30	Teeth	32	31	30	Teeth	32	31	30	Teeth	32	31	30	Teeth
R																			
I	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
H																			
T																			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

NSN 7540-00-634-4038  
88-122

Standard Form 88 (REV. 3-89)  
General Services Administration  
Interagency Comm. on Medical Record  
FIRM (41CFR) 201-45.505

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

(Use additional sheets if necessary)

\*U.S. Government Printing Office: 1991 — 281-782/40166

SF 88 (Rev. 3-89) BACK

**APPENDIX F.**  
**REVISION OF THE REPORT OF MEDICAL EXAMINATION**  
**(FORM SF88)**



<b>MEDICAL RECORD</b>		<b>REPORT OF MEDICAL EXAMINATION</b>		DATE OF EXAM
1. LAST NAME—FIRST NAME—MIDDLE NAME		2. IDENTIFICATION NUMBER	3. GRADE AND COMPONENT OR POSITION	
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code)		5. EMERGENCY CONTACT (Name and address of contact)		
6. DATE OF BIRTH	7. AGE	8. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT	
10. PLACE OF BIRTH		11. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY		12b. ORGANIZATION UNIT		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY      b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION		

17. CLINICAL EVALUATION			
NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)
	A. HEAD, FACE, NECK AND SCALP		O. PROSTATE (Over 40 or clinically indicated)
	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		P. TESTICULAR
	C. DRUMS (Perforation)		Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)
	D. NOSE		R. ENDOCRINE SYSTEM
	E. SINUSES		S. GU SYSTEM
	F. MOUTH AND THROAT		T. UPPER EXTREMITIES (Strength, range of motion)
	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		U. FEET
	H. OPHTHALMOSCOPIC		V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
	I. PUPILS (Equality and reaction)		W. SPINE, OTHER MUSCULOSKELETAL
	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		X. IDENTIFYING BODY MARKS, SCARS, TATTOOS
	K. LUNGS AND CHEST		Y. SKIN, LYMPHATICS
	L. HEART (Thrust, size, rhythm, sounds)		Z. NEUROLOGIC (Equilibrium tests under item 41)
	M. VASCULAR SYSTEM (Varicosities, etc.)		AA. PSYCHIATRIC (Specify any personality deviation)
	N. ABDOMEN AND VISCERA (Include hernia)		BB. BREASTS
			CC. PELVIC (Females only)

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES <b>TYPE</b> <u>      </u> <b>EXAM</b> <b>CLASS</b> <b>QUALIFIED YES</b> <u>      </u> <b>NO</b> <u>      </u>																																																																																																													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">0</td> <td colspan="3"></td> <td style="text-align: center;">/</td> <td colspan="3"></td> <td style="text-align: center;">X</td> <td colspan="3"></td> <td colspan="3"></td> <td style="text-align: center;">X X X</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">1 2 3</td> <td colspan="3">Restorable</td> <td style="text-align: center;">1 2 3</td> <td colspan="3">Non-restorable</td> <td style="text-align: center;">1 2 3</td> <td colspan="3">Missing</td> <td style="text-align: center;">X X X</td> <td colspan="3">Replaced by</td> <td style="text-align: center;">1 2 3</td> <td colspan="3">Fixed</td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">32 31 30</td> <td colspan="3">Teeth</td> <td style="text-align: center;">32 31 30</td> <td colspan="3">teeth</td> <td style="text-align: center;">32 31 30</td> <td colspan="3">Teeth</td> <td style="text-align: center;">32 31 30</td> <td colspan="3">Dentures</td> <td style="text-align: center;">32 31 30</td> <td colspan="3">Partial</td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">0</td> <td colspan="3"></td> <td style="text-align: center;">/</td> <td colspan="3"></td> <td style="text-align: center;">X</td> <td colspan="3"></td> <td colspan="3"></td> <td style="text-align: center;">X X X</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> </table>																				0				/				X							X X X													1 2 3	Restorable			1 2 3	Non-restorable			1 2 3	Missing			X X X	Replaced by			1 2 3	Fixed									32 31 30	Teeth			32 31 30	teeth			32 31 30	Teeth			32 31 30	Dentures			32 31 30	Partial									0				/				X							X X X												
0				/				X							X X X																																																																																																																
1 2 3	Restorable			1 2 3	Non-restorable			1 2 3	Missing			X X X	Replaced by			1 2 3	Fixed																																																																																																														
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19. TEST RESULTS (Copies of results are preferred as attachments)			
A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

NSN 7540-00-634-4038  
88-126

STANDARD FORM 88 (Rev. 10-94)  
Prescribed by GSA/ICMR FIRM (41 CFR) 201-9.202-1

MEASUREMENTS AND OTHER FINDINGS														
20. HEIGHT		21. WEIGHT		22. COLOR HAIR		23. COLOR EYES		24. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				25. TEMPERATURE		
26. BLOOD PRESSURE (Arm at heart level)								27. PULSE (Arm at heart level)						
A. SITTING	SYS. DIAS.	B. RECUMBENT	SYS. DIAS.	C. STANDING (5 mins.)	SYS. DIAS.	A. SITTING	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER				
28. DISTANT VISION					29. REFRACTION					30. NEAR VISION				
RIGHT 20/		CORR. TO 20/		BY	S.	CX		CORR. TO			BY			
LEFT 20/		CORR. TO 20/		BY	S.	CX		CORR. TO			BY			
31. HETEROPHORIA (Specify distance)														
ESO		EXO		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT		PC		PD
32. ACCOMMODATION					33. COLOR VISION (Test used and result)					34. DEPTH PERCEPTION (Test used and score)				
RIGHT		LEFT								UNCORRECTED				
										CORRECTED				
35. FIELD OF VISION					36. NIGHT VISION (Test used and score)					37. RED LENS TEST				
RIGHT		LEFT								38. INTRAOCULAR TENSION				
										RIGHT LEFT				
39. HEARING					40. AUDIOMETER					41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)				
RIGHT WV		/15 SV		/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV		/15 SV		/15	RIGHT									
					LEFT									
42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY														
(Use additional sheets if necessary)														
43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)														
44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)														
45A. PHYSICAL PROFILE														
P U L H E S														
46. EXAMINEE (Check)														
A. <input type="checkbox"/> IS QUALIFIED FOR														
B. <input type="checkbox"/> IS NOT QUALIFIED FOR														
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER														
A B C E														
48. TYPED OR PRINTED NAME OF PHYSICIAN														
SIGNATURE														
49. TYPED OR PRINTED NAME OF PHYSICIAN														
SIGNATURE														
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)														
SIGNATURE														
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY														
SIGNATURE														

STANDARD FORM 88 (Rev. 10-94) BACK



**APPENDIX G.**  
**NAVAL AND MARINE CORPS RESERVE PEB DIAGNOSES:**  
**01 OCTOBER 1993 TO 08 SEPTEMBER 1995**



**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
507	297	N		N	ASTHMA	ASTHMA
510	300	N		N	EXERCISE INDUCED ASTHMA	ASTHMA
556	326	N		N	REACTIVE AIRWAY DISEASE	ASTHMA
566	333	N		N	ASTHMA	ASTHMA
583	346	N		N	BRONCHIAL ASTHMA	ASTHMA
6	3	N		N	ASTHMA	ASTHMA
52	28	N		N	ASTHMA NEW ONSET	ASTHMA
87	51	MC		N	ASTHMA	ASTHMA
101	60	N	1	Y	ASTHMA	ASTHMA
129	77	N		N	ASTHMA	ASTHMA
293	166	N		N	HX OF MODERATELY SEVERE ASTHMA & HYPOXIA	ASTHMA
338	194	N		N	ASTHMA	ASTHMA
2	2	N		N	AORTIC VALVE REPLACEMENT	CARDIOLOGY
32	21	N		N	2ND AV BLOCK /PACEMAKER	CARDIOLOGY
36	23	N		N	ABNORMAL ECHOCARDIOGRAM	CARDIOLOGY
71	41	N		N	ATRIAL FIBRILLATION	CARDIOLOGY
74	43	N		N	HISTORY OF ATRIAL FIBRILLATION	CARDIOLOGY
80	47	N		N	PAROZYSMAL ATRIAL FIBRILLATION	CARDIOLOGY
121	71	N		N	ATRIAL FIBRILLATION	CARDIOLOGY
180	105	N		N	POST PERICARDITIS & RESOLVED SCLERODERMA	CARDIOLOGY
202	114	N		N	INFERIOR MYOCARDIAL INFARCTION	CARDIOLOGY
261	147	N		N	CARDIOLOGY ARRHYTHMIA	CARDIOLOGY
269	152	N	17	N	HISTORY OF VIRAL MYOCARDITIS	CARDIOLOGY
323	181	N		N	SYMPTOMATIC ANGINA PECTORIS	CARDIOLOGY
331	187	N		N	MITRAL VALVE PROLAPSE	CARDIOLOGY
332	188	N		N	HEART ATTACK	CARDIOLOGY
362	208	N	0	N	STATUS POST ACUTE MYOCARDIAL INFARCTION	CARDIOLOGY
492	287	N		N	CONGESTIVE HEART FAILURE	CARDIOLOGY
513	303	MC	15	N	ISCHEMIC CARDIOMYOPATHY / LVEF 40 PERCENT	CARDIOLOGY
514	303	MC	15	N	STATUS POST ANTERIOR MYOCARDIAL INFARC.	CARDIOLOGY
515	303	MC	15	N	ACUTE INFERIOR MYOCARDIAL INFRACTION	CARDIOLOGY
525	307	N		N	RECURRENT CHRONIC ATRIAL FIBRILLATION	CARDIOLOGY
608	365	N		N	PAROXYSMAL TACHYCARDIA	CARDIOLOGY
7	4	N		N	HTN AND GOUT	CIRCULATORY
39	24	N	4	Y	CORONARY ARTERY DISEASE	CIRCULATORY
53	29	N		N	POST CORONARY ARTERY BYPASS	CIRCULATORY
86	50	MC		Y	CORONARY ARTERY DISEASE	CIRCULATORY
104	62	N	9	Y	ARTERIOVENOUS MALFORMATION	CIRCULATORY
168	94	N		N	HISTORY OF STATUS POST ASCENDING AORTIC	CIRCULATORY
175	100	N		N	CORONARY ARTERY DISEASE	CIRCULATORY
176	101	N		N	HYPERTENTION	CIRCULATORY
287	161	N		N	HISTORY OF HTN INADEQUATELY CONTROLLED	CIRCULATORY
336	192	N		N	CORONARY ARTERY DISEASE	CIRCULATORY

Appendix G

**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
363	208	N	0	N	BORDERLINE HYPERTENSION	CIRCULATORY
365	208	N	0	N	ELEVATED SERUM CHOLESTEROL	CIRCULATORY
366	208	N	0	N	ANGIOPLATY OF OBTUSE MARGINAL BRANCH	CIRCULATORY
394	224	N		N	HYPERTENSIVE BY HISTORY	CIRCULATORY
403	230	N		N	HYPERTENSION	CIRCULATORY
450	260	N		N	HYPERTENSION	CIRCULATORY
451	260	N		N	ABDOMINAL AORTIC ANEURYSM	CIRCULATORY
452	260	N		N	RIGHT ILIAC ARTERY ANEURYSM	CIRCULATORY
453	260	N		N	HYPERCHOLESTEROLEMIA	CIRCULATORY
460	265	N		N	HYPERTENSION, NOT WELL CONTROLLED	CIRCULATORY
479	278	N		N	CORONARY ARTERY DISEASE	CIRCULATORY
480	278	N		N	STATUS POST 5 VESSEL CORONARY ARTERY BYPAS	CIRCULATORY
491	287	N		N	HISTORY OF HYPERTENSION	CIRCULATORY
516	303	MC	15	N	CORONARY ARTERY BYPASS GRAFTING	CIRCULATORY
518	303	MC	15	N	HYPERCHOLESTEROLEMIA	CIRCULATORY
532	313	N	21	N	MODERATE AORTIC STENOSIS ECHOCARIOGRAM	CIRCULATORY
536	315	N	24	Y	CORONARY ARTERY DISEASE / MYOCARDIAL	CIRCULATORY
537	315	N	24	Y	CORONARY ARTERY BYPASS GRAFT SURGERY	CIRCULATORY
538	315	N	24	Y	HYPERLIPIDEMIA	CIRCULATORY
539	315	N	24	Y	HYPERTENSION	CIRCULATORY
557	326	N		N	HYPERTENSION	CIRCULATORY
604	362	N	12	Y	DEEP VENOUS THROMBOSIS R. LOWER EXTREMITY	CIRCULATORY
277	155	N	7	N	TEMPOROMANDIBULAR JOINT SYMDROME	DENTAL
596	357	N	3	Y	CRACKED TEETH	DENTAL
11	6	N		N	MAJOR DEPRESSION RECURRENT	DEPRESSION
33	22	N		N	DEPRESSION	DEPRESSION
103	61	N		N	MAJOR DEPRESSION	DEPRESSION
114	69	N		N	MAJOR DEPRESSION	DEPRESSION
165	92	N		N	MAJOR DEPRESSION, RECURRENT	DEPRESSION
230	128	N	13	N	DEPRESSION	DEPRESSION
231	128	N	13	N	NUMEROUS SOMATIC COMPLAINTS	DEPRESSION
265	150	N		N	DEPRESSION	DEPRESSION
266	151	N	0	N	ANXIETY DISORDER WITH DEPRESSED MOOD	DEPRESSION
270	153	N		N	MAJOR DEPRESSION	DEPRESSION
289	163	N	0	N	DEPRESSION	DEPRESSION
302	174	N		N	HISTORY OF ATYPICAL DEPRESSION	DEPRESSION
335	191	N		N	SUPPOSED DEPRESSION	DEPRESSION
356	203	N		N	ATYPICAL DEPRESSION	DEPRESSION
417	237	N		N	MAJOR DEPRESSION	DEPRESSION
419	239	N		N	HISTORY OF RECURRENT DEPRESSION	DEPRESSION
423	242	N	8	Y	CLINICAL DEPRESSION	DEPRESSION
446	256	N	0	N	MARKED DEPRESSION & ANXIETY W/ PANIC DISORD	DEPRESSION
463	268	N		N	MILD DEPRESSION	DEPRESSION

Appendix G

**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
512	302	N		N	MAJOR DEPRESSION	DEPRESSION
560	328	N		N	MAJOR DEPRESSION	DEPRESSION
578	341	N		N	MAJOR DEPRESSION	DEPRESSION
10	5	N	12	N	CONGENITAL ADRENAL HYPERPLASIA	ENDOCRINE
68	38	N		N	INSULIN DEPENDENT DIABETES	ENDOCRINE
70	40	N		N	DIABETES MELLITUS NON-INSULIN DEPENDENT	ENDOCRINE
89	53	MC		N	INSULIN DEPENDENT DIABETES MELLITUS	ENDOCRINE
95	58	N		N	DIABETES MELLITUS	ENDOCRINE
123	73	N		N	DIABETES MELLITUS	ENDOCRINE
174	99	N		N	INSULIN DEPENDENT DIABETES	ENDOCRINE
204	115	N		N	DIABETES MELLITUS	ENDOCRINE
229	127	N	0	N	GRAVES' DISEASE	ENDOCRINE
232	129	N	0	N	INSULIN DEPENDENT DIABETES MELLITUS	ENDOCRINE
254	140	N		N	DIABETES MELLITUS	ENDOCRINE
395	224	N		N	DIABETES MELLITUS TYPE II	ENDOCRINE
402	230	N		N	HISTORY OF DIABETES	ENDOCRINE
447	257	N		N	GRAVES DISEASE	ENDOCRINE
587	350	MC	6	N	DIABETES MELLITUS TYPE I INSULIN DEPENDENT	ENDOCRINE
595	357	N	3	Y	ENLARGED PITUITARY	ENDOCRINE
30	20	N		N	NASAL FRACTURE	ENT
34	23	N		N	DEFECTIVE AUDITORY ACUITY	ENT
50	26	MC	11	Y	OBSTRUCTIVE SLEEP APNEA	ENT
124	73	N		N	MENIERE'S DISEASE	ENT
294	166	N		N	CHRONIC SINUSITIS	ENT
380	214	N	20	Y	HIGH FREQUENCY HEARING LOSS	ENT
400	228	N		Y	MIDDLE EAR SURGERY / RESIDUAL HL & VERTIGO	ENT
502	292	N	8	N	MENIERE'S DISEASE	ENT
35	23	N		N	BILATERAL INGUINAL HERNIA	GENERAL SURGERY
40	24	N	4	Y	HIATAL HERNIA	GENERAL SURGERY
85	49	N		N	TOTAL COLECTOMY FOR FULMINANT COLITIS	GENERAL SURGERY
118	69	N		N	HIATAL HERNIA	GENERAL SURGERY
173	98	N		N	ULCERATIVE COLITIS	GENERAL SURGERY
197	112	MC		N	PROCTOLECTOMY	GENERAL SURGERY
198	112	MC		N	ILEOSTOMY	GENERAL SURGERY
199	112	MC		N	CROHN'S DISEASE	GENERAL SURGERY
211	120	MC		N	HISTORY OF ULCERATIVE COLITIS	GENERAL SURGERY
377	214	N	20	Y	HIATAL HERNIA AND GASTROESOPHAGEAL	GENERAL SURGERY
406	232	N		N	ULCERATIVE COLITIS	GENERAL SURGERY
5	3	N		N	OVARIAN CYSTS	GYN
14	8	N		N	ENDOMETRIOSIS RECURRENT	GYN
278	155	N	7	N	ENDOMETRIOSIS	GYN
303	174	N		N	POLYCYSTIC OVARY SYNDROME	GYN
305	174	N		N	PROBABLE DERMOID TUMOR LEFT OVARY	GYN

Appendix G

**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
3	3	N		N	CHRONIC CHEST PAIN	INTERNAL MEDICINE
4	3	N		N	EPOSIDIC SYNCOPE	INTERNAL MEDICINE
55	30	N	14	Y	UNEXPLAINED LEFT BODY DISFUNCTION	INTERNAL MEDICINE
56	30	N	14	Y	HOARSENESS	INTERNAL MEDICINE
57	30	N	14	Y	GASTROESOPHOGEAL REFLUX DISEASE	INTERNAL MEDICINE
58	30	N	14	Y	ATYPICAL NON-CARDIOLOGY CHEST PAIN	INTERNAL MEDICINE
115	69	N		N	POLYCYTHEMIA	INTERNAL MEDICINE
130	78	N	14	N	CHRONIC HEPATITIS C	INTERNAL MEDICINE
149	85	N		N	HIV INFECTION	INTERNAL MEDICINE
181	105	N		N	RAYNAUD'S PHENOMENON	INTERNAL MEDICINE
263	149	N		N	RECURRENT SYNCOPAL EPISODES	INTERNAL MEDICINE
264	150	N		N	MULTIPLE FOOD ALLERGIES	INTERNAL MEDICINE
291	164	N	6	N	LYMPHOMA	INTERNAL MEDICINE
364	208	N	0	N	GOUT	INTERNAL MEDICINE
391	222	N		N	CHRONIC CHEST PAIN OF UNCERTAIN ORIGIN	INTERNAL MEDICINE
393	224	N		N	ACHALASIA	INTERNAL MEDICINE
418	238	N		N	HIV POSTIVE	INTERNAL MEDICINE
558	327	N		N	LYME DISEASE	INTERNAL MEDICINE
572	337	N	5	Y	RAYNAUD'S SYNDROME	INTERNAL MEDICINE
588	351	N		N	MULTIPLE SCLEROSIS	INTERNAL MEDICINE
28	19	MC		N	RENAL CALCULI	NEPHROLOGY
117	69	N		N	HEPATOMEGALY	NEPHROLOGY
119	69	N		N	RECURRENT RENAL CALCULI	NEPHROLOGY
247	137	N		N	L. RADICAL NEPHRECTOMY FOR RENAL CELL	NEPHROLOGY
606	363	N		N	NEPHROTIC SYNDROME	NEPHROLOGY
617	372	N		N	MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS	NEPHROLOGY
42	24	N	4	Y	HEADACHES	NEUROLOGY
45	26	MC	11	Y	TRAUMATIC EPILEPSY	NEUROLOGY
46	26	MC	11	Y	RIGHT HEMISENSORY DEFICIT	NEUROLOGY
48	26	MC	11	Y	CHRONIC UPPER LIMB MYALGIAS	NEUROLOGY
49	26	MC	11	Y	POST CONCUSIVE HEADACHES	NEUROLOGY
65	36	MC	9	Y	HEAD INJURY WITH CONCUSSION	NEUROLOGY
78	46	N		N	MIGRAINE HEADACHES	NEUROLOGY
100	59	N		N	HEADACHES	NEUROLOGY
138	80	MC	7	Y	NEUROLOGIC DEFICIT RIGHT LOWER EXTREMITY	NEUROLOGY
139	80	MC	7	Y	CHRONIC PAIN	NEUROLOGY
172	97	N		N	SEIZURE DISORDER	NEUROLOGY
187	109	N	15	Y	ANOSMESIA OF UNKNOWN ORIGIN	NEUROLOGY
188	109	N	15	Y	CYSTIC ENCEPHALOMACIA	NEUROLOGY
245	135	N		N	HEADACHES	NEUROLOGY
256	142	MC	0	Y	GENERALIZED TONIC CLONIC SEIZURE	NEUROLOGY
260	146	N		N	NEURO/MYOPATHY OF LOWER EXTREMITIES	NEUROLOGY
262	148	N		N	GENERALIZED EPILEPSY	NEUROLOGY

**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
374	214	N	20	Y	PARTIAL COMPLEX SEIZURE DISORDER	NEUROLOGY
379	214	N	20	Y	MIGRAINE HEADACHES	NEUROLOGY
385	217	N		N	SEIZURE DISORDER	NEUROLOGY
389	220	MC	3	N	ISOLATED GENERALIZED TONIC-CLONIC SEIZURE	NEUROLOGY
422	242	N	8	Y	CHRONIC HEADACHES MODERATELY SEVERE	NEUROLOGY
429	243	N		N	SEIZURE ACTIVITY TREATED WITH ANTICONVULSANTS	NEUROLOGY
434	247	N	0	N	HISTORY OF NERVOUS TICS REQUIRING PSYCHOTROPICS	NEUROLOGY
436	249	N		N	RECURRENT MIGRAINE HEADACHES	NEUROLOGY
441	253	MC	0	Y	POST-TRAUMATIC HA/S/ SUBARACHNOID HEMORRHAGE	NEUROLOGY
445	255	N	0	Y	CLOSED HEAD INJURY	NEUROLOGY
470	274	N	7	Y	MYOFASCIAL PAIN SYNDROME	NEUROLOGY
474	275	N	3	Y	USELESS AND FLACCID LEFT UPPER EXTREMITY	NEUROLOGY
490	286	N	0	Y	LOCALIZED NEURITIS RIGHT LOWER EXTREMITY	NEUROLOGY
501	291	N		N	CLOSED HEAD TRAUMA WITH RESIDUAL ANISOCORIA	NEUROLOGY
509	299	N		N	SUBDURAL HEMATOMA	NEUROLOGY
562	330	N	0	N	VASCULAR HEADACHES	NEUROLOGY
565	332	N		N	STATUS POST CEREBRAL VASCULAR ACCIDENT	NEUROLOGY
603	362	N	12	Y	OPEN DEPRESSED SKULL FRACTURE L. PARIETAL	NEUROLOGY
605	362	N	12	Y	NEUROLOGICAL DEFICITS RELATED TO PARIETAL LOBECTOMY	NEUROLOGY
618	373	N		N	CHRONIC HEADACHES POSSIBLY DUE TO PSEUDO TUMOR	NEUROLOGY
622	376	N	0	N	STATUS POST MULTIPLE LACUNAR BRAIN INFARCTS	NEUROLOGY
83	49	N		N	ADENOCARCINOMA OF RECTUM	ONCOLOGY
84	49	N		N	POST LOW INTERIOR COLON RESECTION	ONCOLOGY
185	108	N		N	POST HEMICOLECTOMY	ONCOLOGY
186	108	N		N	POST CHEMOTHERAPY	ONCOLOGY
235	130	N	6	Y	HYSTERECTOMY W/BILATERAL OOPHORECTOMY	ONCOLOGY
458	263	N		N	HEMICOLECTOMY FOR ADENOCARCINOMA	ONCOLOGY
475	276	N		N	BENIGN RIGHT LOBE LIVER CAVERNOUS HEMANGIOMA	ONCOLOGY
508	298	N		N	MELANOMA OF SITES OF FACE, OTHER AND UNSPECIFIED	ONCOLOGY
213	122	MC	4	Y	TRAUMATIC CORNEAL SCAR LEFT EYE	OPHTHALMOLOGY
214	122	MC	4	Y	TRAUMATIC APHAKIA LEFT EYE	OPHTHALMOLOGY
215	122	MC	4	Y	SYNECHIAE FORMATION ANT. CHAMBER L. EYE	OPHTHALMOLOGY
216	122	MC	4	Y	PENETRATING KERATOPLASTY LEFT EYE	OPHTHALMOLOGY
217	122	MC	4	Y	PSEUDOPHAKIA LEFT EYE	OPHTHALMOLOGY
218	122	MC	4	Y	SYNECHIALYSIS AND IRIDOPLASTY LEFT EYE	OPHTHALMOLOGY
219	122	MC	4	Y	ACTIVE PATHOLOGY - EYE	OPHTHALMOLOGY
220	122	MC	4	Y	CORNEAL SCLERAL REPAIR 1 JULY 94	OPHTHALMOLOGY
221	122	MC	4	Y	TRAUMATIC CATARACT EXTRACTION 4 JULY 94	OPHTHALMOLOGY
222	122	MC	4	Y	SULCUS FIXATED POSTER. CHAMBER INTRAOCULAR LENS	OPHTHALMOLOGY
313	177	N		N	RADIAL KERATOTOMY	OPHTHALMOLOGY
386	218	N	14	Y	RECURRENT OCCIPITAL CEPHALGIA	OPHTHALMOLOGY
485	283	N		N	PIGMENTED GLAUCOMA	OPHTHALMOLOGY
598	359	N	13	N	CORNEAL SCAR R. EYE CENTRAL VISUAL AXIS	OPHTHALMOLOGY

Appendix G

# Naval and Marine Corps Reserve Physical Evaluation Board

**Diagnoses: 1 October 1993 to 8 September 1995**

(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
105	62	N	9	Y	VISUAL FIELD DEFICIT	OPHTHOMOLOGY
17	11	MC	18	Y	FRACTURED ANKLE	ORTHO- ANKLE
29	20	N		N	FRACTURE RIGHT ANKLE	ORTHO- ANKLE
72	42	MC	2	Y	PERSISTANT RIGHT ANKLE PAIN	ORTHO- ANKLE
73	42	MC	2	Y	R/O SYNDESMOTIC STRAIN	ORTHO- ANKLE
88	52	MC	4	Y	CHRONIC ANKLE INSTABILITY	ORTHO- ANKLE
94	57	MC	2	Y	ANKLE INSTABILITY	ORTHO- ANKLE
109	65	MC	3	Y	RIGHT ANKLE INSTABILITY	ORTHO- ANKLE
157	89	MC	0	Y	CHRONIC RIGHT ANKLE PAIN	ORTHO- ANKLE
158	89	MC	0	Y	POST ANKLE SPRAIN	ORTHO- ANKLE
246	136	MC	6	Y	GRADE III ANKLE SPRAIN	ORTHO- ANKLE
274	154	MC	10	Y	WOUND CLOSURE LEFT ANTERIOR ANKLE	ORTHO- ANKLE
288	162	N	8	Y	PERSISTENT RIGHT ANKLE PAIN	ORTHO- ANKLE
312	176	MC	2	Y	POST TRAUMATIC LEFT ANKLE PAIN	ORTHO- ANKLE
334	190	MC	0	Y	CHRONIC RIGHT ANKLE PAIN	ORTHO- ANKLE
381	215	MC	0	Y	RIGHT ANKLE SPRAIN RESOLVING	ORTHO- ANKLE
383	215	MC	0	Y	FUNCTIONAL RIGHT ANKLE INSTABILITY	ORTHO- ANKLE
390	221	MC	4	Y	CHRONIC RIGHT ANKLE SPRAIN	ORTHO- ANKLE
503	293	MC	3	Y	POSTPHLEBTIC SYNDROME LEFT ANKLE	ORTHO- ANKLE
504	294	MC	2	Y	GRADE II LATERAL ANKLE SPRAIN RIGHT ANKLE	ORTHO- ANKLE
576	339	MC	3	Y	POST TRAUMATIC ARTHRITIS L. ANKLE	ORTHO- ANKLE
615	370	N	3	Y	ACHILLES TENDON RUPTURE	ORTHO- ANKLE
619	374	MC	4	Y	MILD DEGREE R. LATERAL ANKLE INSTABILITY	ORTHO- ANKLE
635	383	MC	5	Y	FRACTURE-DISLOCATION R. ANKLE	ORTHO- ANKLE
641	387	MC	2	Y	L. LATERAL ANKLE INSTABILITY	ORTHO- ANKLE
372	212	N	2	Y	ULNAR NERVE PALSY	ORTHO- ARM
457	262	MC	2	Y	R. RADIAL CARPAL DEGENERATIVE JOINT DISEASE	ORTHO- ARM
473	275	N	3	Y	MOTORCYCLE ACCIDENT WITH INJURY TO THE LEFT	ORTHO- ARM
506	296	MC	1	Y	2 CHRONIC ELBOW PAIN, S/P RADIAL HEAD FRACTU	ORTHO- ARM
511	301	N	4	N	CHRONIC ULNA NERVE SUBLUXATION	ORTHO- ARM
570	337	N	5	Y	R. ULNAR NERVE NEUROPATHY AT THE ELBOW	ORTHO- ARM
575	338	MC	1	Y	BICIPITAL TENDON RUPTURE R. ARM	ORTHO- ARM
585	348	MC		N	BILATERAL UPPER EXTREMITY OVERUSE SYNDROM	ORTHO- ARM
624	378	N		N	BILATERAL MEDIAN AND RADIAL NERVE NEUROPAT	ORTHO- ARM
625	378	N		N	TENDINITIS OF THE WRIST FLEXORS AND EXTENSOR	ORTHO- ARM
1	1	N		N	HERNIATED DISK	ORTHO- BACK
8	4	N		N	CHRONIC LBP	ORTHO- BACK
9	4	N		N	POST-TRAUMA ARTHRITIS OF SPINE	ORTHO- BACK
37	24	N	4	Y	DEGENERATIVE DISC CERVICAL	ORTHO- BACK
38	24	N	4	Y	DEGENERATIVE DISC LUMBAR	ORTHO- BACK
43	25	N	16	Y	CHRONIC LBP WITH DISC DISEASE	ORTHO- BACK
44	25	N	16	Y	HERNIATED DISCS L3-4 AND L5-S1	ORTHO- BACK
47	26	MC	11	Y	CHRONIC LOW BACK PAIN	ORTHO- BACK

Appendix G



**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
51	27	MC	1	Y	CHRONIC LOW BACK PAIN	ORTHO- BACK
60	32	MC	1	Y	MECHANICAL LOW BACK PAIN	ORTHO- BACK
63	34	N		N	DISK PROTRUSIONS L4-5 AND L5-S1	ORTHO- BACK
66	36	MC	9	Y	CONGENITAL ANOMOLY OF SPINE	ORTHO- BACK
75	44	N		N	C6-7 HERNIATED DISC	ORTHO- BACK
128	76	N	7	Y	SPONDYLOLSIS C5-6	ORTHO- BACK
131	79	MC	24	Y	C5-6 POST HERNIATION/ LAMINECTOMY	ORTHO- BACK
132	79	MC	24	Y	RESIDUAL NECK PAIN	ORTHO- BACK
133	79	MC	24	Y	L5-S1 HERNIATED DISC	ORTHO- BACK
134	79	MC	24	Y	RESIDUAL LOW BACK PAIN	ORTHO- BACK
135	79	MC	24	Y	L5-S1 RADICULOPATHY	ORTHO- BACK
137	80	MC	7	Y	LUMBOSACRAL ARACHNOIDITIS	ORTHO- BACK
140	80	MC	7	Y	LEFT L5 RADICULOPATHY WITH FOOT DROP	ORTHO- BACK
141	81	N		N	HERNIATED DISC AT L4-5 & L5-S1 - SURGICAL	ORTHO- BACK
145	84	N	31	Y	SPONDYLITIC DISC HERNIATION AT C4-5	ORTHO- BACK
146	84	N	31	Y	RIGHT C6-7 PARMEDIAN DISC HERNIATION	ORTHO- BACK
147	84	N	31	Y	PERSISTANT RADICULOPATHY RIGHT C5	ORTHO- BACK
148	84	N	31	Y	RESIDUAL RIGHT C-7 RADICULOPATHY	ORTHO- BACK
152	87	N	18	Y	LOW BACK PAIN CHRONIC- INCAPACITIATING	ORTHO- BACK
153	87	N	18	Y	LEFT AND RIGHT RADICULAR PAIN	ORTHO- BACK
156	88	MC		N	CHRONIC CERVICAL STRAIN	ORTHO- BACK
162	91	N	18	Y	L-5 DISC WITHOUT HERNIATION WITH SCIATICA	ORTHO- BACK
169	95	N	3	Y	RIGHT C6 CERVICAL RADICULOPATHY	ORTHO- BACK
171	96	MC	1	Y	CHRONIC MECHANICAL LOW BACK PAIN	ORTHO- BACK
184	107	MC		N	POST SACROILLAC FUSION	ORTHO- BACK
191	110	MC		N	CHRONIC LOW BACK PAIN	ORTHO- BACK
201	114	N		N	MECHANICAL LOW BACK PAIN	ORTHO- BACK
207	116	N	7	Y	MECHANICAL LOW BACK PAIN	ORTHO- BACK
212	121	N		N	REMOVAL OF FRACTURED BONE GRAFT OF C6-7	ORTHO- BACK
237	131	N	5	Y	MECHANICAL LOW BACK PAIN	ORTHO- BACK
239	132	N	3	Y	CERVICAL SPONDYLOLYSIS C4-C5 & C5-C6	ORTHO- BACK
240	132	N	3	Y	STATUS POST L4-L5 DISKECTOMY	ORTHO- BACK
241	132	N	3	Y	STATUS POST L5-S1 DISKECTOMY	ORTHO- BACK
242	132	N	3	Y	FAILED BACK SYNDROME	ORTHO- BACK
243	133	N		N	TRAUMATIC SPONDYLOSIS C5-6 C6-7 RUPTURED	ORTHO- BACK
272	154	MC	10	Y	MILD COMPRESSION FRACTURES AT T5 AND T6	ORTHO- BACK
275	155	N	7	N	CERVICAL STRAIN	ORTHO- BACK
279	156	N	4	Y	STATUS POST L5-S1 LAMINECTOMY/DISKECTOMY	ORTHO- BACK
280	156	N	4	Y	RECURRENT S1 NERVE ROOT SYMPTOMS OF LEFT	ORTHO- BACK
282	158	MC	4	Y	PROBABLE MULTIPLE NERVE COMPRESSION	ORTHO- BACK
283	159	N	5	Y	STATUS POST COSTOTRANSVERSECTOMY	ORTHO- BACK
284	159	N	5	Y	LUMBAR LAMINECTOMY & DISKECTOMY FOR L1-2	ORTHO- BACK
285	159	N	5	Y	RESIDUAL PARESTHESIAS - LOWER EXTREMITIES	ORTHO- BACK

Appendix G

**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
296	168	MC		N	LEFT HERNIATED NUCLEUS PULPOSUS T4-5	ORTHO- BACK
298	170	N	20	N	LUMBOSACRAL HERNIATED NUCLEUS PULPOSUS	ORTHO- BACK
299	171	N		N	DEGENERATIVE DISK DISEASE OF LUMBAR SPINE	ORTHO- BACK
306	175	N	18	Y	STATUS POST OSTEONECROSIS	ORTHO- BACK
307	175	N	18	Y	STATUS POST L4-5 LAMINECTOMY	ORTHO- BACK
314	178	N	2	Y	CHRONIC MID & LOW BACK PAIN	ORTHO- BACK
317	180	N	13	Y	DEGENERATIVE DISK DISEASE- CERVICAL SPINE	ORTHO- BACK
318	180	N	13	Y	DEGENERATIVE DISK DISEASE -LUMBAR SPINE	ORTHO- BACK
319	180	N	13	Y	NARROWING OF THE DISK SPACE	ORTHO- BACK
325	182	N	5	N	LOW BACK PAIN WITHOUT RADICULOPATHY	ORTHO- BACK
326	183	MC	3	Y	MECHANICAL LOW BACK PAIN	ORTHO- BACK
337	193	MC	0	Y	LOWER BACK PAIN - ILIOSACRAL DYSFUNCTION	ORTHO- BACK
347	199	N		N	LOW BACK PAIN	ORTHO- BACK
348	199	N		N	DEGENERATIVE DISC DISEASE	ORTHO- BACK
352	201	N	14	Y	RIGHT L4-5 HERNIATED NUCLEUS PULPOSUS	ORTHO- BACK
353	201	N	14	Y	RIGHT L4-5 LAMINOTOMY FORAMINOTOMY	ORTHO- BACK
354	201	N	14	Y	L2-3 DEGENERATIVE DISK DISEASE	ORTHO- BACK
355	202	MC		N	CHRONIC LOW BACK PAIN WITH POSSIBLE HNP	ORTHO- BACK
367	209	N		N	CHRONIC LOW BACK PAIN - DEGENERATIVE DISC	ORTHO- BACK
375	214	N	20	Y	CERVICAL SPONDYLOSIS	ORTHO- BACK
376	214	N	20	Y	LUMBOSACRAL SPONDYLOSIS	ORTHO- BACK
392	223	N	0	N	LUMBAR LAMINECTOMY AND DISCECTOMY	ORTHO- BACK
398	226	MC	1	Y	CHRONIC MID THORACIC BACK PAIN	ORTHO- BACK
401	229	N		N	STATUS POST LUMBAR LAMINECTOMY I+E26	ORTHO- BACK
407	233	N	10	Y	CERVICAL STRAIN	ORTHO- BACK
408	233	N	10	Y	MECHANICAL LOW BACK PAIN	ORTHO- BACK
411	235	N	15	Y	DISPLACEMENT OF LUMBOSACRAL DISC	ORTHO- BACK
412	235	N	15	Y	L4-L5 HEMI LAMINOTOMY	ORTHO- BACK
413	235	N	15	Y	L4-5 HEMI LAMINOTOMY	ORTHO- BACK
424	242	N	8	Y	LOW BACK PAIN COMPLETELY RESOLVED	ORTHO- BACK
435	248	N		N	CHRONIC LOW BACK PAIN DUE TO HERNIATED DISK	ORTHO- BACK
437	250	MC	4	Y	CHRONIC INTRACTABLE LOW BACK PAIN	ORTHO- BACK
454	261	N	11	Y	CHRONIC LOW BACK PAIN	ORTHO- BACK
462	267	N	1	Y	CHRONIC LOW BACK PAIN	ORTHO- BACK
467	272	N	0	N	STATUS POST FUSION L5-S1 FOR SPONDYLOLISTHESIS	ORTHO- BACK
471	274	N	7	Y	HERNIATED NUCLEUS PULPOSUS C5-C6	ORTHO- BACK
472	274	N	7	Y	CHRONIC PAIN SYNDROME	ORTHO- BACK
477	277	N		N	LOW BACK STRAIN DUE TO DIAGNOSIS # ONE (OVER	ORTHO- BACK
481	279	MC		N	CHRONIC MECHANICAL LOW BACK PAIN	ORTHO- BACK
484	282	MC	1	Y	CHRONIC BACK STRAIN	ORTHO- BACK
486	284	N		N	MULTIPLE CERVICAL FRACTURES HALO FIXATION	ORTHO- BACK
487	284	N		N	BROWN-SEQUARD SYNDROME WITH LEFT SIDED PAI	ORTHO- BACK
494	288	N	28	Y	LUMBOSCARAL DYSFUNCTION AND L5 RADICULOPA	ORTHO- BACK

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RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
495	289	N		N	CHRONIC LOW BACK PAIN DUE TO CONGENITAL	ORTHO- BACK
524	306	N	11	Y	MECHANICAL LOW BACK PAIN MUSCULAR IN ORIGI	ORTHO- BACK
526	308	MC		N	BACK INJURY	ORTHO- BACK
546	318	N	6	Y	CHRONIC CERVICAL AND UPPER EXTREMITY SYMPT	ORTHO- BACK
563	331	MC	1	Y	LOW BACK PAIN	ORTHO- BACK
564	331	MC	1	Y	IDIOPATHIC THORACIC SCOLIOSIS	ORTHO- BACK
593	356	MC		N	DEGENERATIVE CHANGES L5-S1 WITH DISK HERNIA	ORTHO- BACK
594	357	N	3	Y	CERVICAL STRAIN	ORTHO- BACK
599	360	N	13	Y	GRADE I SPONDYLOLISTHESIS L5-S1	ORTHO- BACK
600	360	N	13	Y	HERNIATED NUCLEUS PULPOSUS L5-S1	ORTHO- BACK
607	364	MC	1	Y	L1 MODERATE COMPRESSION FRACTURE, HEALING	ORTHO- BACK
616	371	MC		N	SPINAL STENOSIS & MULTI HERNIATED DISCS	ORTHO- BACK
620	374	MC	4	Y	CHRONIC PAIN SYNDROME R. UPPER BACK, S/P TRA	ORTHO- BACK
621	375	N		N	HERNIATED NUCLEUS PULPOSUS L5-S1	ORTHO- BACK
623	377	MC	1	Y	MECHANICAL LOW BACK PAIN	ORTHO- BACK
627	379	MC	5	Y	LUMBAR STRAIN	ORTHO- BACK
628	379	MC	5	Y	R. SCIATICA DUE TO HERNIATED DISC	ORTHO- BACK
634	382	MC		N	HISTORY OF CHRONIC LOWER BACK PAIN STRAIN	ORTHO- BACK
79	46	N		N	BILATERAL MULTIPLE FOOT SURGERIES	ORTHO- FOOT
96	59	N		N	PLANTAR FASCIECTOMY	ORTHO- FOOT
97	59	N		N	HEAL SPUR EXCISION	ORTHO- FOOT
98	59	N		N	SURAL NERVE NEUROLYSIS	ORTHO- FOOT
99	59	N		N	EXCISION OF NEUROMA	ORTHO- FOOT
193	110	MC		N	PLANTAR FASCIITIS AND CALCANEODYNIA	ORTHO- FOOT
234	130	N	6	Y	HISTORY OF PLANTAR FASCIITIS	ORTHO- FOOT
300	172	N		N	OPEN REDUCTION INTERNAL FIXATION R. FOOT	ORTHO- FOOT
309	175	N	18	Y	RIGHT MEDIAL PLANTAR FASCIITIS	ORTHO- FOOT
340	196	MC		Y	OSTEOCHONDritis L. SECOND METATARSAL HEAD	ORTHO- FOOT
370	211	MC	0	Y	PES ANSERINUS TENDONITIS	ORTHO- FOOT
382	215	MC	0	Y	R. MEDIAL TALAR OSTEOCHONDritis DISSECANS	ORTHO- FOOT
387	219	MC	0	Y	JOINT LIGAMENT RUPTURE ON THE RIGHT FOOT	ORTHO- FOOT
388	219	MC	0	Y	MODERATE ARTHROSIS LISFRANC'S JOINT R. FOOT	ORTHO- FOOT
421	241	N	10	Y	STATUS POST BUNIONECTOMY /DEGENERATION	ORTHO- FOOT
430	244	N	3	Y	DELAYED UNION FRACTURE 2ND & 3RD METATARS	ORTHO- FOOT
465	270	N		N	CALCANEAL FRACTURE OF THE RIGHT FOOT	ORTHO- FOOT
476	277	N		N	TRAMATIC FRACTURE OF THE FIFTH R. METATARSA	ORTHO- FOOT
522	306	N	11	Y	RIGHT PES ANSERINUS BURSIITIS	ORTHO- FOOT
533	314	N	4	Y	CUBOID FRACTURE R. FOOT SURGICALLY TREATED	ORTHO- FOOT
534	314	N	4	Y	DEGENERATIVE JOINT DISEASE CALCANEAL CUBOID	ORTHO- FOOT
535	314	N	4	Y	FIFTH METATARSALGIA SECONDARY TO DIAGNOSIS	ORTHO- FOOT
569	336	N	6	N	CHRONIC R. FOOT PAIN SECONDARY TO TRAUMA	ORTHO- FOOT
611	367	MC	5	Y	POST-TRAUMATIC FOOT PAIN BILATERAL	ORTHO- FOOT
636	384	MC	1	Y	PLANTAR FASCIITIS L. FOOT	ORTHO- FOOT

Appendix G

# Naval and Marine Corps Reserve Physical Evaluation Board

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(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
637	384	MC	1	Y	PES PLANUS	ORTHO- FOOT
77	45	N		N	ARTHRITIS OF HANDS	ORTHO- HAND
292	165	MC	0	Y	INTERDIGITAL NEUROMA	ORTHO- HAND
320	180	N	13	Y	DEGENERATIVE JOINT DISEASE LEFT HAND	ORTHO- HAND
321	180	N	13	Y	SUPRASPINATUS TENDONITIS VS BURSITIS	ORTHO- HAND
442	254	MC	1	Y	ULNAR COLLATERAL LIGAMENT TEAR R. THUMB	ORTHO- HAND
461	266	MC	2	Y	L. RING FINGER DISTAL PHALANX FRACTURE HEAL	ORTHO- HAND
16	10	N	14	Y	DEGENERATIVE JOINT DISEASE - HIP	ORTHO- HIP
3	123	N		N	LEFT GREATER TROCHANTERIC BURSITIS	ORTHO- HIP
224	123	N		N	DEGENERATIVE JOINT DISEASE	ORTHO- HIP
310	176	MC	2	Y	FRACTURED DISLOCATION LEFT HIP	ORTHO- HIP
346	199	N		N	CHRONIC RIGHT HIP AND LEG PAIN	ORTHO- HIP
371	212	N	2	Y	SUBCAPITAL FRACTURE RIGHT HIP	ORTHO- HIP
25	17	MC	1	Y	DISLOCATING PATELLA	ORTHO- KNEE
26	18	MC	8	Y	CHONDROMALCIA PATELLA - RIGHT	ORTHO- KNEE
27	18	MC	8	Y	POST REMOVAL FOB RIGHT KNEE	ORTHO- KNEE
59	31	N	4	Y	POST MEDIAL MENISCUS REPAIR	ORTHO- KNEE
62	33	N	2	Y	KNEE PAIN POST ANTERIOR CRUCIATE	ORTHO- KNEE
69	39	N	11	Y	LEFT ANTERIOR KNEE PAIN	ORTHO- KNEE
81	48	MC	1	Y	ANTERIOR CRUCIATE LIGAMENT INSUFFICIENCY	ORTHO- KNEE
82	48	MC	1	Y	POST ARTHROSCOPY & MEDIAL MENISCECTOMY	ORTHO- KNEE
90	54	MC	1	Y	ILIOFEMORAL BAND SYNDROME VS MENISCUS TEAR	ORTHO- KNEE
106	62	N	9	Y	RIGHT KNEE STRAIN	ORTHO- KNEE
110	66	N		N	HEMARTHROSIS OF RIGHT KNEE	ORTHO- KNEE
112	68	MC	1	Y	PATELLOFEMORAL PAIN SYNDROME	ORTHO- KNEE
113	68	MC	1	Y	POSSIBLE MENISCUS TEAR	ORTHO- KNEE
125	74	MC	5	Y	LEFT KNEE PAIN R/O MENISCUS TEAR	ORTHO- KNEE
136	79	MC	24	Y	PATELLO-FEMORAL PAIN SYNDROME	ORTHO- KNEE
143	83	N	27	Y	POSTERIOR HORN MEDIAL MENISCUS TEAR	ORTHO- KNEE
144	83	N	27	Y	PATELLO-FEMORAL SYNDROME	ORTHO- KNEE
150	86	N	8	Y	PATELLAR TENDONITIS	ORTHO- KNEE
151	86	N	8	Y	BILATERAL PATELLAR FEMORAL SYNDROME	ORTHO- KNEE
154	87	N	18	Y	RIGHT KNEE INSTABILITY	ORTHO- KNEE
155	87	N	18	Y	RIGHT KNEE DEGENERATIVE CHANGES	ORTHO- KNEE
159	90	MC	6	Y	ANTERIOR CRUCIATE LIGAMENT TEAR	ORTHO- KNEE
160	90	MC	6	Y	MEDIAL MENISCUS TEAR	ORTHO- KNEE
161	90	MC	6	Y	CHRONIC RIGHT KNEE PAIN	ORTHO- KNEE
177	102	MC	3	Y	CHONDROMALCIA PATELLA	ORTHO- KNEE
178	103	N	20	N	R. ANTERIOR CRUCIATE LIGAMENT DEFICIENT	ORTHO- KNEE
179	104	N	20	N	NOMALALIGNMENT CHONDROMALCIA PATELLA	ORTHO- KNEE
182	106	MC	1	Y	PATELLOFEMORAL SYNDROME	ORTHO- KNEE
183	106	MC	1	Y	POSTERIOR CRUCIATE LIGAMENT INSUFFICIENCY	ORTHO- KNEE
190	110	MC		N	CHRONIC BILATERAL KNEE PAIN	ORTHO- KNEE

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RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
194	111	MC	5	Y	RETROPATELLAR SYNDROME	ORTHO- KNEE
195	111	MC	5	Y	MEDIAL MENISCUS TEAR	ORTHO- KNEE
196	111	MC	5	Y	MEDIAL COLLATERAL LIGAMENT INJURY	ORTHO- KNEE
210	119	MC	2	Y	CHONDROMALACIA PATELLA, LEFT KNEE	ORTHO- KNEE
225	124	MC	5	Y	CHRONIC HAMSTRING STRAIN OF LEFT KNEE	ORTHO- KNEE
226	124	MC	5	Y	MEDIAL COLLATERAL LIGAMENT STRAIN GRADE I	ORTHO- KNEE
228	126	N		N	PARTIAL MENISCECTOMY & CHRONDAL DEFECT	ORTHO- KNEE
233	130	N	6	Y	RIGHT KNEE PAIN, NEAR COMPLETE MEDIAL	ORTHO- KNEE
236	131	N	5	Y	RIGHT KNEE PAIN	ORTHO- KNEE
238	131	N	5	Y	RIGHT MEDIAL FEMORAL CONDYLE LESION	ORTHO- KNEE
248	138	N	13	Y	R. ANTERIOR CRUCIATE LIGAMENT DEFICIENT	ORTHO- KNEE
249	139	N	10	Y	ANTERIOR AND MEDIAL CHRONIC KNEE PAIN	ORTHO- KNEE
250	139	N	10	Y	STATUS POST ATHROSCOPY LEFT KNEE	ORTHO- KNEE
251	139	N	10	Y	ANTERIOR CRUCIATE LIGAMENT DEFICIENCY	ORTHO- KNEE
252	139	N	10	Y	PARTIAL MEDIAL MENISCECTOMY	ORTHO- KNEE
253	139	N	10	Y	CHONDROMALACIA (GRADE II)	ORTHO- KNEE
276	155	N	7	N	KNEE CONTUSIONS	ORTHO- KNEE
295	167	MC	0	Y	BICIPITAL INSERTIONAL TENDONITIS LEFT KNEE	ORTHO- KNEE
297	169	N	5	Y	R. ANT. CRUCIATE LIGAMENT INSUFFICIENCY	ORTHO- KNEE
301	173	MC		N	ANT. CRUCIATE LIGAMENT INSUFFICIENCY	ORTHO- KNEE
308	175	N	18	Y	RIGHT PATELLOFEMORAL PAIN	ORTHO- KNEE
311	176	MC	2	Y	RETROPATELLAR PAIN SYNDROME LEFT KNEE	ORTHO- KNEE
316	179	MC	0	Y	PATELLOFEMORAL PAIN SYNDROME R. KNEE	ORTHO- KNEE
322	180	N	13	Y	ANT. CRUCIATE LIGAMENT DEFICIENT L. KNEE	ORTHO- KNEE
328	185	N		N	CHONDROMALACIA PATELLA R. KNEE	ORTHO- KNEE
333	189	MC	0	Y	LATERAL DISLOCATION OF THE LEFT PATELLA	ORTHO- KNEE
341	197	N	3	Y	PARTIAL FAILURE R. ANT. CRUCIATE LIGAMENT	ORTHO- KNEE
342	197	N		Y	CHONDROMALACIA PATELLAE	ORTHO- KNEE
343	198	MC	0	Y	R. ANTERIOR CRUCIATE LIGAMENT DISRUPTION	ORTHO- KNEE
344	198	MC	0	Y	RIGHT LATERAL MENISCAL DISRUPTION	ORTHO- KNEE
345	198	MC	0	Y	HEMARTHROSIS RIGHT KNEE	ORTHO- KNEE
349	200	MC	3	Y	ANT. CRUCIATE LIGAMENT DEFICIENT R. KNEE	ORTHO- KNEE
350	200	MC	3	Y	MEDIAL MENISCUS TEAR RIGHT KNEE	ORTHO- KNEE
351	200	MC	3	Y	LATERAL MENISCUS TEAR RIGHT KNEE	ORTHO- KNEE
357	204	N		Y	PATELLO-FEMORAL PAIN SYNDROME	ORTHO- KNEE
359	206	MC	0	Y	PATELLOFEMORAL SYNDROME LEFT KNEE	ORTHO- KNEE
360	207	MC	0	Y	PROBABLE POSTERIOR CRUCIATE TEAR	ORTHO- KNEE
361	207	MC	0	Y	MEDIAL MENISCUS TEAR	ORTHO- KNEE
369	211	MC	0	Y	POSSIBLE MEDIAL MENISCUS TEAR RIGHT KNEE	ORTHO- KNEE
396	225	MC	1	Y	BILATEM L PATELLOFEMORAL DYSFUNCTION	ORTHO- KNEE
397	225	MC	1	Y	BILATERAL RESIDUAL KNEE PAIN	ORTHO- KNEE
399	227	MC	5	Y	TORN ANTERIOR CRUCIATE LIGAMENT R. KNEE	ORTHO- KNEE
405	231	MC	4	Y	LEFT KNEE PAIN	ORTHO- KNEE

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(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
409	234	MC	1	Y	TRANSIENT PATELLAR SUBLUXATION	ORTHO- KNEE
410	234	MC	1	Y	MEDIAL COLLATERAL LIGAMENT LAXITY	ORTHO- KNEE
414	236	MC	6	Y	PROBABLE DISLOCATION OF RIGHT KNEE	ORTHO- KNEE
415	236	MC	6	Y	CRUCIATE LIGAMENT INJURY	ORTHO- KNEE
416	236	MC	6	Y	LATERAL COLLATERAL LIGAMENT INJURY	ORTHO- KNEE
420	240	MC	3	Y	PLICA SYNDROME RIGHT KNEE	ORTHO- KNEE
432	246	N	18	Y	TORN MEDIAL MENISCUS LEFT KNEE	ORTHO- KNEE
433	246	N	18	Y	STATUS POST ARTHROSCOPY JAN 94 JUN 94	ORTHO- KNEE
438	251	MC	5	Y	FAT PAD SYNDROME, RIGHT KNEE	ORTHO- KNEE
439	251	MC	5	Y	PATELLOFEMORAL PAIN SYNDROME, RIGHT KNEE	ORTHO- KNEE
459	264	MC	2	Y	CHRONIC ANT. KNEE PAIN RECURRENT SUBLUXATIO	ORTHO- KNEE
464	269	MC	0	Y	WEAKNESS AND PAIN LEFT KNEE TIBIAL TUBERCLE	ORTHO- KNEE
488	285	N	9	Y	R. ANTERIOR CRUCIATE LIGAMENT TEAR	ORTHO- KNEE
489	286	N	0	Y	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	ORTHO- KNEE
496	290	N	0	N	HISTORY OF STATUS POST ARTHROSCOPY LEFT KNE	ORTHO- KNEE
497	290	N	0	N	DEGENERATIVE JOINT DISEASE WITH RESIDUAL PAI	ORTHO- KNEE
520	305	MC	6	Y	PATELLOFEMORAL PAIN SYNDROME	ORTHO- KNEE
521	306	N	11	Y	MEDIAL MENISCUS TEAR LEFT	ORTHO- KNEE
523	306	N	11	Y	POSSIBLE RIGHT MENISCUS TEAR	ORTHO- KNEE
528	310	N		N	BILATERAL DEGENERATIVE JOINT DISEASE OF KNEE	ORTHO- KNEE
529	311	MC	6	Y	ANTERIOR CRUCIATE LIGAMENT DEFICIENT L. KNEE	ORTHO- KNEE
540	316	MC	1	Y	L. ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTIO	ORTHO- KNEE
541	316	MC	1	Y	CHONDROMALACIA OF THE FEMORAL CONDYLES	ORTHO- KNEE
542	317	N	2	Y	ANTERIOR CRUCIATE LIGAMENT R. KNEE STATUS P	ORTHO- KNEE
543	317	N	2	Y	MEDIAL MENISCAL TEAR R. KNEE STATUS POST REP	ORTHO- KNEE
544	317	N	2	Y	LATERAL MENISCUS TEAR DEBRIDED	ORTHO- KNEE
545	317	N	2	Y	ARTHROSIS R. KNEE SECONDARY TO 1, 2, 3	ORTHO- KNEE
548	320	MC	4	Y	TEAR ANTERIOR CRUCIATE LIGAMENT R. KNEE	ORTHO- KNEE
549	320	MC	4	Y	GRADE II SPRAIN MEDIAL COLLATERAL LIGAMENT R	ORTHO- KNEE
550	320	MC	4	Y	DEGENERATIVE JOINT DISEASE MEDIAL R. PATELLA	ORTHO- KNEE
551	321	MC	5	Y	PLICA SYNDROME R. KNEE	ORTHO- KNEE
554	324	MC	3	Y	ANTERIOR CRUCIATE LIGAMENT TEAR R. KNEE	ORTHO- KNEE
555	325	MC	3	Y	PATELLOFEMORAL CHONDROSIS, R. KNEE	ORTHO- KNEE
567	334	N	7	Y	L. KNEE ANTERIOR CRUCIATE LIGAMENT DEFICIENC	ORTHO- KNEE
568	335	MC	5	Y	R. ANTRIOR CRUCIATE LIGAMENT TEAR SURGICALL	ORTHO- KNEE
582	345	MC	5	Y	STATUS POST L. KNEE ANTERIOR CRUCIATE LIGAME	ORTHO- KNEE
584	347	MC	0	Y	CHONDROSIS L. KNEE	ORTHO- KNEE
591	354	MC	4	Y	PARTIAL MEDIAL COLLATERAL LIGAMENT TEAR R.	ORTHO- KNEE
592	355	MC	5	N	L. ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTIO	ORTHO- KNEE
601	361	MC	4	Y	CONTUSION L. PATELLA	ORTHO- KNEE
602	361	MC	4	Y	PRESENCE OF BIPARTTTE PATELLA	ORTHO- KNEE
612	368	N	1	Y	ANTERIOR CRUCIATE LIGAMENT TEAR L. KNEE	ORTHO- KNEE
613	368	N	1	Y	MEDIAL MENISCAL TEAR L. KNEE	ORTHO- KNEE

Appendix G



**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
614	369	N	0	Y	ANTERIOR CRUCIATE DEFICIENT R. KNEE	ORTHO- KNEE
629	380	MC	3	Y	LATERAL PRESSURE SYNDROME ELPS L. PATELLA	ORTHO- KNEE
638	385	MC	3	Y	BILATERAL KNEES & CHRONIC R. QUADRICEPTS ST	ORTHO- KNEE
639	385	MC	3	Y	MODERATE R. RETROPATELLAR PAIN SYNDROME	ORTHO- KNEE
642	388	MC	1	Y	GRADE I MEDIAL COLLATERAL LIGAMENT STRAIN	ORTHO- KNEE
41	24	N	4	Y	HX OF LEFT TIBIAL OSTEOMYELITIS	ORTHO- LEG
122	72	MC	0	Y	TIBIAL STRESS FRACTURE	ORTHO- LEG
203	115	N		N	POST TRAUMATIC AMPUTATION RIGHT LOWER	ORTHO- LEG
273	154	MC	10	Y	COMMUNUTED INTRA-ARTICULAR DIST. TIBIA/FIB	ORTHO- LEG
315	178	N	2	Y	OLD RIGHT MEDIAL HAMSTRING TEAR	ORTHO- LEG
384	216	MC	4	Y	R. LEG STRESS INDUCED ANT. COMPARTMENT PAIN	ORTHO- LEG
455	261	N	11	Y	BENIGN APPEARING FEMORAL METADIAPHYSEAL	ORTHO- LEG
499	291	N		N	RESIDUAL DECREASE STRENGTH AND LIMITED ROM	ORTHO- LEG
500	291	N		N	LEG LENGTH DISCREPANCY WITH LIMP	ORTHO- LEG
530	312	MC	27	Y	INTERTROCHANTERIC R. FEMUR FRACTURE	ORTHO- LEG
531	312	MC	27	Y	SUBTROCHANTERIC R. FEMUR FRACTURE	ORTHO- LEG
581	344	MC	5	Y	L. LEG MUSCLE WEAKNESS MILD RESIDUAL FROM I	ORTHO- LEG
643	389	MC	3	Y	TORN MEDIAL HEAD R. GASTROCNEMIUS MUSCLE	ORTHO- LEG
19	13	MC		N	CHRONIC TENDONITIS OF SHOULDER	ORTHO- SHOULDER
24	16	MC	2	Y	NERVE ENTRAPMENT - SHOULDER	ORTHO- SHOULDER
76	45	N		N	CALCIFIC BURSITIS	ORTHO- SHOULDER
91	55	MC	5	Y	ANTERIOR INSTABILITY LEFT SHOULDER	ORTHO- SHOULDER
127	76	N	7	Y	RIGHT BRACHIAL PLEXUS NEURITIS	ORTHO- SHOULDER
189	110	MC		N	LIMITED ROM RIGHT SHOULDER	ORTHO- SHOULDER
227	125	MC		N	SHOULDER IMPINGEMENT SYNDROME	ORTHO- SHOULDER
257	143	N	0	N	BILATERAL SHOULDER TENDONITIS	ORTHO- SHOULDER
258	144	MC	0	Y	LEFT SHOULDER INSTABILITY	ORTHO- SHOULDER
281	157	MC	3	Y	BILATERAL SHOULDER INSTABILITY	ORTHO- SHOULDER
324	182	N	5	N	LEFT SHOULDER PAIN	ORTHO- SHOULDER
329	186	MC		N	LEFT SHOULDER AND LEFT ELBOW INJURY	ORTHO- SHOULDER
339	195	MC	1	Y	BRACHIAL PLEXOPATHY RESOLVING	ORTHO- SHOULDER
368	210	N	7	Y	DEGENERATIVE CHANGES SCAPHOTRAPEZIAL JNT	ORTHO- SHOULDER
431	245	N	17	Y	ROTATOR CUFF TEAR R. SHOULDER ANT. INSTABILIT	ORTHO- SHOULDER
448	258	N	2	Y	LOWER BRACHIAL PLEXUS TRACTION NEUROPATHY	ORTHO- SHOULDER
456	262	MC	2	Y	R. SCAPHOID NONUNION RIGHT SCAPHOID RUSSE	ORTHO- SHOULDER
553	323	N		N	SUBACROMIAL-DECOMPRESSION R. SHOULDER	ORTHO- SHOULDER
573	337	N	5	Y	R. SHOULDER BURSITIS IMPROVED	ORTHO- SHOULDER
579	342	N	12	Y	CHRONIC SUBACROMIAL IMPINGEMENT L. SHOULDE	ORTHO- SHOULDER
580	343	N	12	Y	L. SCAPULOTHORACIC PAIN SYNDROME	ORTHO- SHOULDER
586	349	N	17	Y	L. SHOULDER SLAP LESION S/P RECONSTRUCTIVE	ORTHO- SHOULDER
609	366	MC	1	Y	L. CLAVICLE NONUNION SURGICALLY TREATED HEA	ORTHO- SHOULDER
610	366	MC	1	Y	L. BRACHIAL PLEXUS AXONOTMESIS	ORTHO- SHOULDER
630	381	N	5	Y	MILD STERNOCLAVICULAR JOINT DISRUPTION	ORTHO- SHOULDER

Appendix G

# Naval and Marine Corps Reserve Physical Evaluation Board

**Diagnoses: 1 October 1993 to 8 September 1995**

(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
631	381	N	5	Y	THORACIC OUTLET SYNDROME INVOLVING THE L. U	ORTHO- SHOULDER
632	381	N	5	Y	ULNAR NEUROPATHY BY HISTORY DUE TO DX 1 AN	ORTHO- SHOULDER
633	381	N	5	Y	ARTHALGIA OF THE L. UPPER EXTREMITY SECONDA	ORTHO- SHOULDER
640	386	MC	1	Y	SUPRASPINATUS TENDINITIS L. SHOULDER	ORTHO- SHOULDER
20	14	N	17	Y	FRACTURED WRIST	ORTHO- WRIST
21	14	N	17	Y	CARPAL TUNNEL SYNDROME	ORTHO- WRIST
22	14	N	17	Y	POST CARPAL TUNNEL RELEASE	ORTHO- WRIST
126	75	MC	6	Y	BILATERAL DISTAL RADIUS FRACTURES	ORTHO- WRIST
170	95	N	3	Y	RIGHT CARPAL TUNNEL SYNDROME	ORTHO- WRIST
208	117	N	4	Y	PAINFUL WRIST	ORTHO- WRIST
209	118	N	12	N	DEGENERATIVE ARTHRITIS	ORTHO- WRIST
571	337	N	5	Y	R. CARPAL TUNNEL SYNDROME SURGICALLY TREAT	ORTHO- WRIST
574	337	N	5	Y	L. CARPAL TUNNEL SYNDROME NEW ONSET MILD	ORTHO- WRIST
13	7	N	15	Y	DECREASED ROM AND PAIN	ORTHOPAEDIC
107	63	N	22	Y	EXTERNAL ROTATION FRACTURE	ORTHOPAEDIC
192	110	MC		N	FUNCTIONAL CAPACITY LIMITED	ORTHOPAEDIC
244	134	MC		N	RECURRENT ANTERIOR DISLOCATION	ORTHOPAEDIC
271	154	MC	10	Y	NON-DISPLACED STERNAL FRACTURE, RESOLVED	ORTHOPAEDIC
373	213	MC	1	Y	STATUS POST SUPINATION EXTERNAL ROTATION	ORTHOPAEDIC
466	271	N		N	OPEN REDUCTION INTERNAL FIXATION OF SUPINATI	ORTHOPAEDIC
483	281	MC	2	Y	APPARENT MUSCULOSKELETAL PAIN	ORTHOPAEDIC
498	291	N		N	STATUS POST MOTOR VEHICLE ACCIDENT AUGUST 1	ORTHOPAEDIC
577	340	N		N	OPEN REDUCTION AND INTERNAL FIXATION	ORTHOPAEDIC
552	322	N		N	HIPPEL-LINDAU SYNDROME	OTHER
12	6	N		N	DELERIUM RESOLVED	PSYCHIATRIC
18	12	N		N	ATTENTION DEFICIT	PSYCHIATRIC
23	15	N	7	Y	BIPOLAR DISORDER	PSYCHIATRIC
54	30	N	14	Y	CONVERSION DISORDER	PSYCHIATRIC
61	33	N	2	Y	GENDER IDENTITY DISORDER	PSYCHIATRIC
92	56	N	7	Y	PANIC DISORDER	PSYCHIATRIC
93	56	N	7	Y	POST-TRAUMATIC STRESS DISORDER CHRONIC	PSYCHIATRIC
108	64	N		N	PSYCHOTIC DISORDER	PSYCHIATRIC
111	67	N	14	Y	DELUSIONAL DISORDER	PSYCHIATRIC
120	70	N		N	PANIC DISORDER	PSYCHIATRIC
142	82	N	6	Y	SCHIZOPHRENIFORM DISORDER	PSYCHIATRIC
164	92	N		N	POST- TRAUMATIC STRESS DISORDER	PSYCHIATRIC
200	113	N		N	BIPOLAR DISORDER	PSYCHIATRIC
205	116	N	7	Y	POST TRAUMATIC STRESS DISORDER	PSYCHIATRIC
206	116	N	7	Y	NARCISSISTIC & DEPENDENT PERSONALITY	PSYCHIATRIC
255	141	N	0	N	DELUSIONAL DISORDER	PSYCHIATRIC
259	145	N	0	N	PSYCHIATRIC DISORDER	PSYCHIATRIC
267	151	N	0	N	ALCOHOL DEPENDENCE IN FULL REMISSION	PSYCHIATRIC
268	151	N	0	N	PERSONALITY DISORDER	PSYCHIATRIC



**Naval and Marine Corps Reserve Physical Evaluation Board**  
**Diagnoses: 1 October 1993 to 8 September 1995**  
(Sorted by General Medicine Category)

RC	PT#	SVC	LOS YRS	NOE Y/N	DETAILED SHORT TEXT	GENERAL CATEGORY
286	160	N	0	N	POST-TRAUMATIC STRESS DISORDER	PSYCHIATRIC
290	163	N	0	N	POST TRAUMATIC STRESS DISORDER	PSYCHIATRIC
304	174	N		N	OVERWEIGHT AND OVER BODY FAT %	PSYCHIATRIC
330	187	N		N	PANIC ATTACKS	PSYCHIATRIC
358	205	N		N	IDIOPATHIC HYPERSOMNOLENCE	PSYCHIATRIC
378	214	N	20	Y	MILD SITUATION ADJUSTMENT DISORDER	PSYCHIATRIC
404	230	N		N	OBESITY	PSYCHIATRIC
425	242	N	8	Y	PERSISTENT USE OF NARCOTIC MEDICATION	PSYCHIATRIC
426	242	N	8	Y	ADMIN AND WORK DILEMMA	PSYCHIATRIC
427	242	N	8	Y	PSYCHOLOGICAL FACTORS	PSYCHIATRIC
428	242	N	8	Y	ALCOHOL DEPENDENCE IN PARTIAL REMISSION	PSYCHIATRIC
443	255	N	0	Y	UNDIFFERENTIATED SOMATOFORM DISORDER	PSYCHIATRIC
444	255	N	0	Y	ORGANIC MENTAL DISORDER NOS	PSYCHIATRIC
449	259	N		N	ATTENTION DEFICIT DISORDER ADULT RESIDUAL	PSYCHIATRIC
468	273	N		N	ADJUSTMENT DISORDER/ MIXED EMOTIONAL FEATU	PSYCHIATRIC
469	273	N		N	HISTORY OF SUICIDAL IDEATION	PSYCHIATRIC
478	277	N		N	EXOGENOUS OBESITY	PSYCHIATRIC
493	287	N		N	EXOGENOUS OBESITY	PSYCHIATRIC
505	295	N	0	N	HISTORY OF PANIC DISORDER SINCE 1985	PSYCHIATRIC
519	304	N		N	PSYCHOTHERAPY/ PSYCHOTROPIC MEDICATION	PSYCHIATRIC
527	309	N		N	HISTORY OF CHRONIC SOMATIC COMPLAINTS	PSYCHIATRIC
547	319	MC	0	N	HISTORY OF PSYCHOSIS AND SUBSTANCE ABUSE	PSYCHIATRIC
559	328	N		N	SCHIZOPHRENIFORM DISORDER	PSYCHIATRIC
561	329	N		N	THOUGHT DISORDER WITH GRANDIOSE DELUSIONS	PSYCHIATRIC
589	352	N	0	N	OVERWEIGHT	PSYCHIATRIC
597	358	N		N	ATTENTION DEFICIT DISORDER ADULT RESIDUAL	PSYCHIATRIC
626	378	N		N	POST TRAUMATIC STRESS DISORDER	PSYCHIATRIC
15	9	N		N	SPONTANEOUS PNEUMOTHORAX	RESPIRATORY
31	20	N		N	RESPIRATORY CONDITION	RESPIRATORY
64	35	N		N	AIRWAY DISEASE	RESPIRATORY
67	37	N		N	EMPHYSEMA	RESPIRATORY
102	60	N	1	Y	ALLERGIC RHINITIS	RESPIRATORY
116	69	N		N	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	RESPIRATORY
163	91	N	18	Y	EXERTIONAL DYSPNEA	RESPIRATORY
166	92	N		N	DYSTHMIA	RESPIRATORY
167	93	N		N	SPONTANEOUS PNEUMOTHORAX	RESPIRATORY
327	184	N		N	RESTRICTIVE LUNG DISEASE	RESPIRATORY
440	252	N		N	DYSTHMIA	RESPIRATORY
482	280	N		N	SLEEP APNEA	RESPIRATORY
517	303	MC	15	N	LEFT PLEURAL EFFUSION RESOLVED	RESPIRATORY
590	353	N		N	SPONTANEOUS PNEUMOTHORAX	RESPIRATORY

Total # of Diagnoses 643

Total # of Patients: 504



## LIST OF REFERENCES

1. U.S. Naval Manual of the Medical Department, Chapter 15: Medical Examinations, Change 109, 14 February 1994.
2. General Accounting Office, "Reserve Forces: DOD Policies Do Not Ensure That Personnel Meet Medical and Physical Fitness Standards," GAO/NSAID-94-36, March 1994.
3. Yeargin, James, RADM DC USNR, Bureau of Medicine and Surgery, Reserve Matters (MED-75). Personal interview. 07 September 1995.
4. Bragg, Terry, CDR USNR TAR, Budget Director, Commander Naval Surface Reserve Force. Personal interview. 20 July 1995.
5. Department of Defense Instruction, DOD 6130.3, "Physical Standards for Enlistment, Appointment, and Induction," 31 March 1986.
6. Bureau of Personnel, BUPERS Instruction 1001.39A, Chapter 2: Physical Qualifications, pp.2-1 to 2-5, August 1992.
7. "7 December 1992, Report From the Naval Reserve Medical/Dental Readiness Assessment Team," December 1992.
8. Baldwin, Edward, Col MC USAF, Office of the Assistant Secretary of Defense for Health Affairs. Personal Interview. 08 September 1995.
9. Hamill, Patricia A., LtCol USAR, Office of the Assistant Secretary of Defense for Reserve Affairs. Personal interview. 08 September 1995.
10. Department of Defense Instruction, DOD 1332.18, "Separation from Military Service by Reason of Physical Disability," 25 February 1986.
11. General Accounting Office, "Defense Health Care: Physical Exams and Dental Care Following the Persian Gulf War," GAO/HRD-93-5, October 1992.
12. Hite, Richard, YNCM USNR TAR, Manpower Office, Commander, Naval Reserve Force. Telephone interview. 11 January 1996.
13. Arbaugh, William M., LCDR MSC USNR, Director Personnel Management, Bureau of Medicine and Surgery, Reserve Matters (MED-75). Personal interview. 06 September 1995.

14. Coeffield, Craig, LCDR MSC USN, Medical Programs Officer, Commander Naval Surface Reserve Force. Personal interview. 21 July 1995.
15. Ericksen, Nancy Jo, CDR NC USN, Health Services Administration, Naval Reserve Readiness Command Region Twenty. Personal interview. 25 August 1995.
16. Griffin, John M., HM1 USNR(TAR), Bureau of Medicine and Surgery, Physical Examinations (MED-25). Personal interview. 07 September 1995.
17. Kelley, Kevin, LT MSC USN, Head, Health Services Department, Naval Reserve Readiness Command Region Twenty. Personal interview. 25 August 1995.
18. Lowry, Kathie, HMC USNR TAR, Health Services Supervisor, Naval Reserve Readiness Command Region Ten. Personal interview. 21 July 1995.
19. Munson, David, CDR NC USN, Director Health Services/Medical Programs, Commander Naval Surface Reserve Force. Personal interview. 20 July 1995.
20. Jackson, David L., HMCM USNR TAR, Force Medical, Commander Naval Reserve Force. Personal interview. 21 July 1995.
21. Hansen, Steve, CDR MC USN FS, Flight Medical Programs Officer, Commander Naval Air Reserve Force. Personal interview. 21 July 1995.
22. Shackelford, MaryAlice, HMC(AW) USNR(TAR), Senior Enlisted Advisor, Naval Reserve Readiness Command Region Twenty. Personal interview. 25 August 1995.
23. Friedman, Gary D., "Some Obstacles to the Evaluation and Effective Performance of Health Appraisals," Western Journal of Medicine, pp. 782-5, December 1984.
24. Rose, Steven D., "The Periodic Health Examination," Primary Care, pp. 653-65, December 1980.
25. Grantham, Peter, "Perspective. The Annual Physical: What Should we be Doing?" Canadian Medical Association Journal, pp. 271-2, 01 February 1983.
26. Ruttenberg, Ruth and Marilyn Powers, "Economics of Notification and Medical Screening for High-Risk Workers," Journal of Occupational Medicine, pp. 757-764, August 1986.
27. Romm, Fredric J., "Periodic Health Examination: Effect of Costs on Patient Expectations," Southern Medical Journal, pp. 1330-32, November 1985.

28. Shepherd, John, "Pre-employment Examinations: How Useful?" Journal of the American Board of Family Practice, pp. 617-21, November-December 1992.
29. Blaine, Jerry M., "Some Thoughts on Periodic Health Screening-Examining the Physical," Group Practice, pp.23-6, August 1980.
30. Day, Emerson, "Is the Periodic Health Examination Worthwhile?" Cancer, pp.1210-13, 01 March 1981.
31. Fletcher, David J., "Periodic Health Monitoring. How to Help Patients Stay Well," Postgraduate Medicine, pp. 305-17, October 1985.
32. Pilon, Bonita Ann, "Evaluation of an Health Risk Appraisal Program," The American Association of Occupational Health Nurses Journal, pp. 230-235, May 1990.
33. Williamson, Paul S., C. Driscoll, L. Dvorak, K. Garber and J. Shank, "Health Screening Examinations: The Patient's Perspective," Journal of Family Practice, pp.187-92, August 1988.
34. Boden, L.I., "Impact of Workplace Characteristics on Costs and Benefits of Medical Screening," Journal of Occupational Medicine, pp. 751-6, August 1986.
35. Felitti, Vicent J., "Automated Health Appraisal," Group Practice, pp. 11-3, July 1980.
36. Kremer, S. and T.M. Raniere, "Cost Effective Job Placement Physical Examinations. A Decision Making Framework," American Association of Occupational Health Nurses, pp. 236-42, May 1990.
37. Lowenthal, G. "Medical Center Pre-placement Screening: a Follow-up Study," Journal of Occupational Medicine, pp. 451-2, June 1986.
38. Guthier, William E., "Medical Screening and Monitoring as Noted by the Insurance Industry," Journal of Occupational Medicine, pp. 765-7, August 1986.
39. Graman, H.B. and H.M. Tufo, "Periodic Health Examinations: a Systemic Assessment of Cost and Yield," Journal of Ambulatory Care Management, pp. 61-71, February 1984.
40. Ren, A., T. Okufo, and K. Takahashi, "Comprehensive Periodic Health Examination: Impact on Health Care Utilisation and Costs in a Working Population in Japan," Journal of Epidemiol Community Health, pp. 476-81, October 1994.

41. Bernacki, E.J., S.P. Tsai and R.D. Malone, "Participation in a Periodic Physical Examination Program and Group Health Utilisation and Costs," Journal of Occupational Medicine, pp. 949-52, December 1988.
42. Thompson, C.E., "The Value of Executive Health Examinations," Occupational Health and Safety, pp. 44-46, May 1980.
43. Sheon, Robert P., "There's a Surefire Way to Cut Health Costs," Medical Economics, pp. 31-2,35,38, 02 March 1992.
44. Bertera, R.L., "The Effects of Behavioral Risks on Absenteeism and Health Care Costs in the Workplace," Journal of Occupational Medicine, pp. 1119-24, November 1991.
45. Sandler, Gerald, "The Importance of the History in the Medical Clinic and the Cost of Unnecessary Tests," American Heart Journal, pp. 928-31, December 1980.
46. Fitzgerald, Faith T., "Physical Diagnosis Versus Modern Technology. A Review," Western Journal of Medicine, pp. 377-82, April 1990.
47. Lukes, Eileen N. and B.P. Bratcher, "Pre-employment Physical Examinations. Report of a Pilot Program," The American Association of Occupational Health Nurses Journal, pp. 174-9, April 1990.
48. Lomax, Arlene, Dr. LtCol USMC, Naval and Marine Corps Physical Evaluation Board. Personal Interview. 08 September 1995.

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